

COLLEGE OF ARTS AND SCIENCES  
**ADVISING AND ACADEMIC SERVICES**  
 THE OHIO STATE UNIVERSITY

***Minor Program Form***

Name \_\_\_\_\_

Student ID Number \_\_\_\_\_ Telephone \_\_\_\_\_

Local Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Minor \_\_\_\_\_

This form should be submitted to your college or school office.

College/School of enrollment \_\_\_\_\_ Major \_\_\_\_\_

Expected date of graduation \_\_\_\_\_

Have you filed a degree application in your college office? Yes  No

<b><i>Course</i></b>	<b><i>Hours</i></b>	<b><i>Final Grade</i></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Total Hours*** \_\_\_\_\_ ***Original***  ***Revision***

\_\_\_\_\_  
 Signature of Faculty Advisor or College/School Counselor Date

\_\_\_\_\_  
 Please Print Name of Faculty Advisor or College/School Counselor

\_\_\_\_\_  
 Academic Unit Campus Telephone and/or E-Mail