Boston University College of Health

& Rehabilitation Sciences: Sargent College

Academic Services Center

635 Commonwealth Avenue Boston Massachusetts 02215



Application Form for Declaring a Minor

Name:	
ID:	
School/Major:	
Intended Minor: Year of Graduation:	
1. List the courses you will take to fulfill the minor:	
A student may use no more than two courses from a major minor.	concentration to fulfill the requirements for the
Please list the following: Course #, Course, Title, Grade and Semester/Year taken:	
1. 2. 3. 4. 5. 6. 7.	
2. Obtain the appropriate signature:	
Faculty Advisor's Signature:	Date:
3. Schedule an appointment with Heather Nicholson, A https://heathernicholson.youcanbook.me/ to discuss you added to your record. Once your minor is completed, she was a simple of the complete of the	ar minor, verify the requirements and have the minor
4. Your minor will become a permanent part of your transcrequirements. If you have not met the requirements to comwill not appear on your transcript.	
Signature Verifying Completion of Minor:	Date: