



College of Engineering

Application for MINOR SARGENT COLLEGE OF HEALTH & REHABILITATION SCIENCES (SAR)

Students: Complete all fields outlined in blue and digitally sign. Please e-mail the completed form to your faculty advisor for review; you may need to meet with your faculty advisor and/or SAR personnel to discuss your minor. General questions regarding a Minor in SAR should be directed to engrec@bu.edu; requirements may be found at <http://www.bu.edu/eng/academics/programs/minors/> or on the Sargent College website.

*Please Note: 12 credits must be unique to the minor and may not count towards the fulfillment of majors or additional minors. Please indicate with an * any courses to be applied toward both the major and minor.*

Student Name: _____ BU ID#: _____

Major: _____ E-mail: _____

Advisor: _____ Class Year: _____

Proposed Minor: _____

PROPOSED COURSES FOR MINOR	CREDITS	*	Prerequisites	OFFICE USE ONLY	
				Grade	Honor Pts
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Student Signature: _____ Date: _____

Faculty: Please review the student Minor Application and indicate your approval in the fields outlined in red below. Please digitally sign and submit the form via e-mail to engrec@bu.edu.

Approve
Deny

Faculty Advisor Signature

Date

Sargent College of Health & Rehabilitation Sciences: Please review the student Minor Application and indicate your authorization in the fields outlined in green below. Please digitally sign and submit the form via e-mail to engrec@bu.edu.

SAR Authorization

Date

Office Use Only

Minor Approval

Approve
Deny

GPA

Hegis

Verification

Date Posted