Application for MINOR
QUESTROM SCHOOL OF BUSINESS

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 Questrom personnel for approval. General questions regarding a Minor in Business Administration at Questrom should be directed to engrec@bu.edu; requirements may be found at http://www.bu.edu/eng/academics/programs/minors/ or on the Questrom School of Business website. Please Note: 012 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. Please submit the completed form to engrec@bu.edu.

Student Name: ___________________________________________ BU ID#: __________________________
Major: ________________________________________________ E-mail: __________________________
Advisor: _______________________________________________ Class Year: __________________________

Proposed Minor: Business Administration & Management

<table>
<thead>
<tr>
<th>REQUIRED COURSES FOR MINOR</th>
<th>CREDITS</th>
<th>* Notes</th>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. QST SM 131 Business, Ethics, &amp; Creation of Value</td>
<td>4</td>
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<tr>
<td>2. QST SM 132 Measuring Financial Value</td>
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<tr>
<td>3. QST AC 221 Financial Accounting</td>
<td>4</td>
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ELECTIVES Choose 4 from this list

1. 
2. 
3. 
4. 

Student Signature: ___________________________ Date: ______________________

Faculty: Please review the student Minor Application and indicate your approval in the fields outlined in red below. Please sign below and return the form to the student.

☐ Approve ☐ Deny

Faculty Advisor Signature __________________________________________ Date: ______________________

Questrom School of Business: Please review the student Minor Application and indicate your authorization in the fields outlined in green below. Please sign below and return the form to the student.

Questrom Authorization __________________________ Date: ______________________

Office Use Only

Minor Approval

☐ Approve ☐ Deny GPA __________ Hegis __________ Verification __________ Date Posted __________

01/13/2021