



**Boston University** College of Health  
& Rehabilitation Sciences: Sargent College

**Application Form for Declaring a Minor**

Name \_\_\_\_\_ ID \_\_\_\_\_

School/Major \_\_\_\_\_ Intended minor \_\_\_\_\_

Year of Graduation \_\_\_\_\_ GPA \_\_\_\_\_ E-mail \_\_\_\_\_

Permanent Address \_\_\_\_\_

**1. List the courses you will take to fulfill the minor:**

*\*A student may use no more than two courses from a major concentration to fulfill the requirements for the minor.*

Course #	Course Title	Credits	Grade	Semester/Year

**Obtain the appropriate signature:**

Faculty Advisor’s Signature: \_\_\_\_\_ Date \_\_\_\_\_

**2. Schedule an appointment with Heather Nicholson, Assistant Director, Academic Services** at: <https://heathernicholson.youcanbook.me/> to discuss your minor, verify the requirements and have the minor added to your record. Once your minor is completed she will sign below.

**3.** Your minor will become a permanent part of your transcript once you have graduated and fulfilled the requirements. If you have not met the requirements to complete the minor it will removed from your record and will not appear on your transcript.

Signature Verifying Completion of Minor: \_\_\_\_\_ Date \_\_\_\_\_