Boston University Sargent College
of Health & Rehabilitation Sciences
Academic Services Center
635 Commonwealth Avenue
Boston, Massachusetts 02215
T 617-353-2704

Application for Declaring a Minor for Sargent College Students

Name: _____

BU ID: _____

E-mail: _____

Current Major: _____

Intended Minor: _____

Expected Year of Graduation: _____

GPA: _____

Please review the BU academic bulletin for the requirements for your intended minor.

1. List the courses you have taken and propose to take to fulfill the minor:

Course #	Course Title	Units	Grade	Semester/Year

2. To discuss your minor and review the requirements please contact Heather Nicholson, Associate Director, Academic Services. You can schedule an appointment through MyBU.

3. Prior to graduation, your minor will be verified. The 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 be removed from your record and will not appear on your transcript.