



SIMMONS COLLEGE
Office of the Registrar
300 The Fenway, Boston, MA, 02115
Tel 617.521.2111 Fax 617.521.3144
MINOR DECLARATION FORM

Name: _____ Simmons ID #: _____ Anticipated Graduation Date: ____/____/____
Month Year

Academic Policy:

You may declare a minor after you have earned a minimum of 32 semester hours and prior to earning 80 semester hours. To declare more than one minor, you must obtain the signatures of the chairpersons in each department.

I am declaring my minor for the first time: Yes No

If you are not declaring this minor for the first time, please check below what action you would like taken.

1st Minor

Department Chair Signature

Print Last Name: _____

Keep **Remove**

2nd Minor

Department Chair Signature

Print Last Name: _____

Keep **Add** **Remove**

3rd Minor

Department Chair Signature

Print Last Name: _____

Keep **Add** **Remove**

Student's Signature: _____ Date: _____