



SIMMONS UNIVERSITY
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.

Minor Track:

If you are declaring a minor in one or more of the following departments, please indicate your track:

Art • Arts Administration • Business/Management • Computer Science • Education

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.

<p>_____</p> <p><i>1st Minor</i></p> <p>_____</p> <p>Department Chair Signature</p> <p>Print Last Name: _____</p> <p><input type="checkbox"/> Keep <input type="checkbox"/> Remove</p>	<p>_____</p> <p><i>2nd Minor</i></p> <p>_____</p> <p>Department Chair Signature</p> <p>Print Last Name: _____</p> <p><input type="checkbox"/> Keep <input type="checkbox"/> Add <input type="checkbox"/> Remove</p>	<p>_____</p> <p><i>3rd Minor</i></p> <p>_____</p> <p>Department Chair Signature</p> <p>Print Last Name: _____</p> <p><input type="checkbox"/> Keep <input type="checkbox"/> Add <input type="checkbox"/> Remove</p>
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Student's Signature: _____ Date: _____