



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 declared your intended major.  
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 • Communications • Computer Science • Education**

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

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

<p>_____</p> <p><i>1<sup>st</sup> 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>2<sup>nd</sup> 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>3<sup>rd</sup> 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: \_\_\_\_\_