2600 Sixth Street SW, Canton, OH 44710
330-363-6347 / Fax 330-580-6654

DECLARATION OF MINOR FORM

STUDENT NAME _____
Please print

Current Term: Summer _____ year Fall _____ year Spring _____ year

Current student major (Select all that apply):

- ☐ AASR
- ☐ ASHS
- ☐ ASN
- ☐ BSHS
- ☐ BSN
- ☐ BSN Completion
- ☐ BSW

Desired Minor:

- ☐ POPULATION HEALTH

I have consulted with my faculty advisor. I understand that the responsibility for fulfilling all requirements for minors rests with the student. Once signed by faculty advisor, please submit completed Declaration of Minor form to the Registrar's Office to declare a minor.

Student Signature _____ Date _____

Advisor Signature _____ Date _____

FOR OFFICE USE ONLY

Processed Date: _____ Name: _____