

Office of Records and Registration
St. Cloud State University
720 4th Avenue South
St. Cloud,
MN
320-308-2111

ADMIT TO MINOR FORM

Use this form to admit a student to a minor.

STUDENT'S NAME: (Print) _____

SCSU ID: _____

Email: _____@stcloudstate.edu

Declared Major: _____

Check the appropriate minor:

Psychology 1900

Psychology BES 8095

This minor is

a new minor

adding to an existing minor

changing from _____
(previous minor)

*Remember to contact the department of the
previous minor to officially drop the minor.

For changes to the program of study, approval or electives or transfer credits, etc., please complete a
Program Change Form and submit it to the Office of Records and Registration.

Student Signature Date

Minor Advisor Signature Date

Dept. Chair Signature Date

Print Advisor Name