



MANHATTAN COLLEGE	MINOR /CONCENTRATION APPLICATION FORM
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The section is to be completed by the student and then brought to the Chairperson/Director of the department offering the minor/concentration.

ID:		Minor-1/Concentration-2: <small>(Please note with number to assign)</small>	
Last Name		First Name	
School		Class Level	
Major		Email	

I understand: (1) I must receive a minimum grade of C for undergraduate and B for graduate in each of the courses listed below; (2) I may be subject to additional tuition charges if I exceed the number of credits associated with my major program of study; (3) courses for the minor/concentration must be taken at Manhattan College.

Student's Signature: _____

Date: _____

The Chairperson/Director of the Dept. should list course requirements for the Minor/Concentration. The form then goes to the Academic Advisor of the School in which the student is enrolled. The Dean's Office is responsible for the certification.

Course	Semester Completed	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Chairperson/Director Signature: _____

Date: _____

Academic Advisor Signature: _____

Date: _____