

COLLEGE OF
MOUNT SAINT VINCENT

CONTRACT FOR MINOR

Student's Name:

Class:

Major:

Academic Advisor:

Minor:

Student ID Number:

Requirement: 18 approved credits

<u>COURSE:</u>	<u>TITLE:</u>	<u>CREDITS:</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

Total Credits: _____

Signature _____

Department Chairperson or Program Advisor

I accept the terms of this contract and understand that I must fulfill these requirements as listed above. It is understood that the College reserves the right to cancel courses that are under-subscribed.

Signature: _____ Date: _____

Student