

**University of South Carolina
Application for Minor**

PLEASE PRINT CLEARLY AND FIRMLY

Date: _____ SSN: _____

Student Name: _____

Local Mailing Address: _____

City, State, Zip: _____

Local Phone: _____ Email: _____

College: _____ Major: _____

REQUEST FOR A MINOR IN _____

By signing below, the student asserts that he/she will have successfully completed prerequisite courses prior to taking courses in the minor.

Student's Signature: _____ Date: _____

Dean's Approval: _____
(Dean of major)

Date: _____ Effective for _____ / _____ Term Code: _____

{Additional Dean's Approval: _____
needed for some minors, e.g., Music, Medical Humanities}

Comments:

*Distribution (after approval by Dean of first major): Dean
Department of Major
Department of Minor
Student*