



UNIVERSITY MINOR DECLARATION FORM

Penn ID: _____ Current Date: _____

Last Name: _____ First Name: _____

Email Address: _____ Expected Graduation Date: _____

Concentration(s): _____

Proposed Minor: _____ Credit Units Required: _____

MINOR COURSE PLAN

Course	Semester Taken/Planned	Course	Semester Taken/Planned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Course substitutions must be approved by the respective academic department(s) offering the minor:

Print Name: _____ Department Representative Signed: _____ Department Representative

WHARTON UNDERGRADUATE DIVISION ONLY

This minor course plan is complete and accepted. Signed: _____ Undergraduate Division Representative

Date entered on SRS 111: _____