Application for Linguistics Minor

Complete application and submit along with an **Unofficial Transcript** to the Chair of Linguistics. ***Retain a copy for your records.***

Name_____ Student ID Number_____ CS Box/Local Address_____

Extension/Local Phone_____ Email_____ Advisor/Dept_____

Current Academic Status_____ Expected Graduation Date_____

LIST ONLY THOSE COURSES WHICH ARE TO BE COUNTED TOWARD YOUR MINOR

DEPT	NUMBER	COURSE TITLE	CREDIT HOURS	OFFICE USE ONLY Dept	No.	Course Title	Date	Initials

Total Credit Hours_____

I certify that these courses fulfill the requirements for a minor in Linguistics.

Approved by Chair of Linguistics_____ Date_____

Revised 02/04