Application for Medieval and Renaissance Studies Minor

Complete application and submit along with an **Unofficial Transcript** to the Charles Center, Blow Hall, Room 267. ***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
Group 1									
Group 2									
Group 3									
Group 4									

Total Credit Hours_____

I certify that these courses fulfill the requirements for a minor in Medieval and Renaissance Studies.

Approved by Advisor_____ Date_____

Approved by Director of Interdisciplinary Studies_____ Date_____

Revised 07/02