

Minor Request Form

College of Business Distance Learning

NAME:					MSU ID:	
	(Last)	(First)	(Middle	e)		
ADDRESS:					PHONE NUMBER:	
	(Box/Street)	(City)	(State) (
EMAIL: _						
DEGREE:					MAJOR:	
MINOR: _					HOURS IN MINOR:	

COURSE SYMBOL	COURSE TITLE	SEMESTER	GRADE

APPROVED:

Committee Chair/Minor Professor	Date	Committee Member	Date				
Graduate Coordinator of Minor	Date	Committee Member	Date				
Graduate Coordinator of Major	Date						
Submit forms to: Graduate Studies in Business Fax: 662-325-8161 Email: csmith@cobilan.msstate.edu							