

DECLARATION OF MINOR

(Must be completed and on file in the SCS office)

Name: _____ URID: _____

Address: _____
STREET/P.O. BOX CITY STATE ZIP

Email address: _____

Phone: (W) _____ (H) _____

Declaration of Minor: _____
DATE

Current Degree

- BAS (Bachelor of Applied Studies)** in
 - Emergency Services Management
 - Human Resource Management
 - Information Systems
- BLA (Bachelor of Liberal Arts)**

I want to declare the following Minor (18 hours)

- | | |
|--|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Information Systems |
| <input type="checkbox"/> Business Continuity | <input type="checkbox"/> Law and Technology |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Homeland Defense | <input type="checkbox"/> Paralegal Studies |
| <input type="checkbox"/> Human Resource Management | <input type="checkbox"/> Retail Management |

Signature: _____

SCS OFFICE USE
Accepted to Minor _____ DATE