VERIFICATION OF MINOR
ARIZONA STATE UNIVERSITY

PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME	STUDENT ID NO.
ADDRESS (LOCAL)	PHONE (LOCAL)

CAMPUS	COLLEGE	DEGREE	MAJOR
CATALOG	EXPECTED DATE OF GRADUATION	ADVISOR	

MINOR: (LIST BELOW COURSES TAKEN TO COMPLETE MINOR)

CAMPUS	COURSE PREFIX AND NUMBER	TITLE	SEMESTER / YEAR TAKEN	HOURS	GRADE

STUDENT SIGNATURE	DATE
MINOR DEPT APPROVAL	DATE
MINOR COLLEGE APPROVAL	DATE
MAJOR DEPT APPROVAL	DATE
MAJOR COLLEGE APPROVAL	DATE

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