

Undergraduate Minor Approval Request

Students must submit this form along with a list of course requirements for the academic minor in order for the request to be reviewed. Once a decision has been reached, the student will be notified and the minor will be added to their Wolverine Access account. Students must complete requirements for both the Nursing program and minor for their degree to be conferred.

Student Information:

Last Name: _____ First Name: _____

UMID: _____ Email: _____

Student Level (select one): ____ Freshmen ____ Sophomore ____ Junior ____ Senior

Expected Graduation Date _____
MM/YYYY

Minor: _____

Student Signature

Date

Department Advisor for the Minor Signature

Date

School of Nursing Academic Advisor Signature

Date

Date Processed