

REQUEST FOR MINOR CERTIFICATION

**PLEASE SUBMIT THIS FORM TO THE DEPARTMENT IN WHICH YOU'RE MINORING
by March 1st (May grads), July 1st (Aug. grads), and December 1st (Jan. grads).**

STUDENT NAME: _____ GRADUATION DATE: _____

EMAIL: _____ MAJOR: _____

RU ID: _____ MINOR CODE: _____

Course Name & Number	Semester/Year (i.e. Spring 2021)	Grade Required (C or better)	GRADE RECEIVED

By signing this form, you are verifying that upon completion of the semester, you will have completed the minor.

Student Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

Please review, sign, and submit the form to upperclass@soe.rutgers.edu.

Department Advisor Name (please print): _____

Department Advisor Signature: _____ Date: _____

Does the Department accept grades of PASS (P) towards the Minor? ____ YES or ____ NO