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## 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:		GRADUAT		
EMAIL:		MAJOR:		
RU ID:		MINOR CO		
Course Name & Number	Semester/Year (i.e. Spring 2021)	Grade Required (C or better)	GRADE RECEIVED	
	ou are verifying that upo	n completion of the sen	nester, you will have	
completed the minor.  Student Signature:		Date	Date:	
	FOR DEPARTM	IENT USE ONLY		
Please review, sign,	and submit the form	to <u>upperclass@soe.ru</u>	tgers.edu.	
Department Advisor N	Jame (please print):			
Department Advisor S	ignature:		Date:	
Does the Department a	accept grades of PASS (P	) towards the Minor? _	YES or NO	