



MINOR CHANGE APPLICATION

Instructions:

1. Complete the top half of the form.
2. Send to Faculty Advisor.
3. Send to the new department's Office Coordinator.
4. Once signed and approved, email the form to registrar@wheaton.edu.

Name: _____ Student ID: _____

Check One: Declaration of Minor Dropping Minor

Present Classification: _____ Expected Grad Date: _____

Major(s): _____

Minor (include concentration): _____

(Note: Separate forms required for each Minor declaration)

Student Signature _____ Date _____

Faculty Advisor Name _____

Faculty Advisor Signature _____ Date _____

Department Chair/Office Coordinator Name for Minor _____

Chair/OC Signature _____ Date _____