

Program of Study Petition

PART 1—STUDENT INFORMATION

Name (Last) _____ (First) _____ NUID _____

Year of graduation _____ Program _____ Current college _____

Email _____

Student's signature _____ Date _____

PART 2—PURPOSE OF PETITION

Pursue a minor in:

PART 3 - SUBMIT FORM

Form to be returned to: College of Science Advising Office 206 Mugar Life Science Building