



APPLICATION FOR A MINOR OR CONCENTRATION

NAME: _____ VU ID# _____

Email: _____ Cell Phone: _____

Minor/Concentration: _____

College: _____

Current Class Year: _____

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☐ IS ACCEPTED

☐ IS NOT ACCEPTED

CHAIR/PROGRAM DIRECTOR: _____

Date: _____

Completed forms must be submitted to the department of the minor or concentration.