



**VERA Z. DWYER COLLEGE
OF HEALTH SCIENCES**

INDIANA UNIVERSITY SOUTH BEND

APPLICATION FOR A MINOR

Graduation Application for: *Month:* _____ *Year:* _____

Please print your student information (This must be your legal name):

First Name: _____

Middle: _____

Last Name: _____

Student ID: _____

Degree: _____

Intended Minor #1: _____

Intended Minor #2: _____

Intended Minor #3: _____

Signature: _____ Date: _____

This form then will be submitted to the School's Recorder for verifications.