



VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

APPLICATION FOR A MINOR DEGREE

Step 1: Please print legal name. (State board requires this to match your ID card.)
Your name on your diploma is from the One.IU system. If you have a name change (marriage, divorce you MUST contact the Office of the Register for changes.

Name: _____
 First Middle (or initial) Last

Address: _____
 City State Zip

Student ID #: _____ Telephone: _____

Major: _____

Step 2: Date and year you will complete all requirements:

December May June August Year: _____

Step 3: Please list any minor(s) earned.

#1 _____
 Name of Minor Department Verification

#2 _____
 Name of Minor Department Verification

Step 4: Sign and date this form:

 Signature Today's date

*Submit this form along with our application for degree.