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MINOR REQUEST FORM

**VIRGINIA STATE UNIVERSITY
Office of the Registrar
P.O. Box 9217
Petersburg, VA 23806**

LAST NAME **FIRST NAME** **MI**

STUDENT V-NUMBER **EMAIL** **CLASSIFICATION**

CURRENT MAJOR _____ **PROPOSED MINOR** _____

FACULTY ADVISOR **DATE**

DEPARTMENT HEAD, CURRENT MAJOR DEPT. **DATE**

DEAN **DATE**

DEPARTMENT HEAD, PROPOSED MINOR DEPT. **DATE**

DEAN, PROPOSED MINOR **DATE**