

Election of Minor
Business (20-21 hours)
2017-2018 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____

Major: _____

Required Courses

Do not write in shaded area

		Hours
<input type="checkbox"/>	ACCT 211 Principles of Accounting I	3.0
<input type="checkbox"/>	ACCT 212 Principles of Accounting II	3.0
<input type="checkbox"/>	BUS 108 Spreadsheet and Database Applications	2.0
<input type="checkbox"/>	BUS 111 Foundations of Business	3.0
<input type="checkbox"/>	BUS 313 Business Law I	3.0
<input type="checkbox"/>	FIN 333 Principles of Finance	3.0

Three or four hours of electives selected from departmental courses:

<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

Explain transfer, substitutions, or other irregularities:

Advisor Signature _____ Date _____

Department Chair Signature _____ Date _____

I understand I have final responsibility for monitoring my graduation requirements.

Student Signature _____ Date _____

Return this form to the Office of the Registrar