

Election of Minor
Professional Sales (18-19 hours)
2018-2019 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"/>	BUS 111 Foundations of Business	3.0
<input type="checkbox"/>	BUS 234 Principles of Marketing	3.0
<input type="checkbox"/>	BUS 309 Introduction to Sales	3.0

Two courses selected from: BUS 317, 322, 451, 453; COMM 344

<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