

# Election of Minor

## Professional Sales (18-19 hours)

2020-2021 Catalog

Name \_\_\_\_\_ I.D. Number \_\_\_\_\_

Planned Degree Completion Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Major: \_\_\_\_\_

### Required Courses

Do not write in shaded area

		<b>Hours</b>
	ACCT 211 Principles of Accounting I	3.0
	BUS 111 Foundations of Business	3.0
	BUS 209 Introduction to Sales	3.0
	BUS 234 Principles of Marketing	3.0

**Two courses selected from:** BUS 317, 322, 431, 453; COMM 344


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**