

**Election of Minor**  
**Sales (20-21 hours)**  
2015-2016 Catalog

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

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

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

**Required Courses**

Do not write in shaded area

		<b>Hours</b>
<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	4.0

Two courses selected from: BUS 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**