

Department of Xology, University of Illinois at Urbana-Champaign

APPLICATION FOR ADMISSION TO A CAMPUS-APPROVED GRADUATE MINOR
in Xology

Print: _____
Last Name First MI

Student UIN: _____

Major and Degree Program: _____

Expected Graduation Date: _____

By filing this statement of intent, I understand the following:

1. Completion of the minor is an **optional** degree requirement in my academic program.
2. No priority on class registration will be given for courses required in the minor.
3. Courses completed for use toward a graduate minor must be completed prior to certification of the major degree.
4. **It is my responsibility to process a graduate petition to have this minor added to my academic record when I have completed the requirements for the program and preferably before my last semester of enrollment. Minor(s) will not be added retroactively to my record after graduation.**
5. My approved enrollment period will not be extended for the purpose of completing a minor.
6. The requirements to complete the minor in Xology are:
 - a.
 - b.
 - c.
 - d.
 - e.
7. **It is possible that none** of the courses used to complete this minor will be allowed to be applied toward completion of my major graduate degree.

Student Signature: _____ Date: _____

The **major** department approves the student pursuing a minor in addition to their major field of study, and none of the courses used to complete the minor will be allowed to be applied toward the major degree, except the following: _____

Major Departmental Representative: _____ Date: _____

This student has been accepted to pursue the graduate **minor** in Xology.

Minor Departmental Representative: _____ Date: _____