



Student's Information:

SJSU ID _____ Last Name _____ First _____ M.I. _____

Phone _____ Email Address _____

Expected Term of Graduation (Semester/Year) _____

Mailing Address:

Street _____ Apt. _____

City _____ State _____ Zip _____

Courses for Minor (18 units total, at least 9 units must be Upper Division)

Course number (e.g., PHIL 57)	Name of Institution	Term & Year (e.g., Fall '21)	Semester Units	Grade	Status (Complete, In Progress, To be Completed)

Department Chair's/Academic Advisor's Printed Name & Signature

Date