Approved Minor Program
Supplement to Baccalaureate Degree Application

Last Name	First Name	Middle Name	Student ID Number

Minor: _____ Emphasis (if applicable): _____

Requirement (Bulletin) Term _____

- Only list courses constituting the **Minor Program**
- Include courses In Progress
- Only list courses that in received a passing grade
- An Advisor should indicate a minimum acceptable grade for course work (including In Progress) in the major program. **If course is a substitution, list original Dept. & Number.**

Institution	Dept. & Number	Title	Term	Units	Grade

Upon satisfactory completion of the above major program (as well as the general graduation requirements per Title 5 of the California State Administrative Code and the official University Bulletin), I certify the above identified student is eligible for award of the Minor as listed above.

Advisor Name: _____ **Date:** _____

NOTE: This form is only valid if submitted by the Advisor listed above.
It must be sent, via that Advisor's official SF State employee's email account, directly to regweb@sfsu.edu.

Rev: 3/23/21

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