



### MINOR / CERTIFICATE / 2<sup>ND</sup> CONCENTRATION

Student Name		Student ID#	
Cell #		Email address	
GPA		Year of Graduation	

#### APPROVAL FOR MINOR:

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CONCENTRATION

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PROGRAM CHAIR – SIGNATURE

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MINOR CONCENTRATION

\_\_\_\_\_

PROGRAM CHAIR - PRINT NAME

\_\_\_\_\_

DATE

#### APPROVAL FOR CERTIFICATE:

\_\_\_ Certificate in Entrepreneurship

\_\_\_ Certificate in Business Analytics

\_\_\_ Certificate in Terrorism Studies

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PROGRAM CHAIR – SIGNATURE

\_\_\_\_\_

PROGRAM CHAIR - PRINT NAME

\_\_\_\_\_

DATE

#### APPROVAL FOR CONCENTRATION IN TWO DISCIPLINES:

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CONCENTRATION

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PROGRAM CHAIR – SIGNATURE

\_\_\_\_\_

2<sup>ND</sup> CONCENTRATION

\_\_\_\_\_

PROGRAM CHAIR - PRINT NAME

\_\_\_\_\_

DATE

**DELIVER THIS FORM TO THE REGISTRAR'S OFFICE FOR PROCESSING**