



Mount Ida College

Petition for Minor Declaration and/or Change of Minor

*Office of the Registrar, 777 Dedham Street, Newton, MA 02459
phone: 617-928-4503 ~ fax: 617-928-4728 ~ registrar@mountida.edu*

Program requirements for each minor can be found in the College Catalog.

Name: _____ **ID #:** _____
Street Address: _____ **Phone #:** _____
City, State, Zip: _____ **Email:** _____

Major: _____

Expected Date of Graduation: _____

Please indicate your desired minor from the following list:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> American Studies | <input type="checkbox"/> Child Study | <input type="checkbox"/> Forensic Psychology | <input type="checkbox"/> Legal Studies |
| <input type="checkbox"/> Art/Design History | <input type="checkbox"/> Criminalistics | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Human Services | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Business | <input type="checkbox"/> English | <input type="checkbox"/> Leadership Studies | <input type="checkbox"/> Sociology |
| | | | <input type="checkbox"/> Studio Art |

I have familiarized myself with the program requirements for my desired minor.

Student: _____ Date: _____

Required Signatures for Approval:

Faculty Advisor: _____ Date: _____

Dir., International Student Affairs: _____ Date: _____
(For International Students)

School Director: _____ Date: _____

Assoc. V. P. for Academic Affairs: _____ Date: _____

Copies: Student, Faculty Advisor, School Directors for Major and Minor *Date Processed:* _____ *Initials:* _____