

# APPLICATION FOR A MINOR (UNDERGRADUATE)

SCHOOL OF ENGINEERING AND APPLIED SCIENCE  
University of Pennsylvania

**To the Student:** All Applications for minors must be approved by the Undergraduate Chair in the Department offering the minor. Please complete the following form and return to the SEAS Office of Academic Programs, 111 Towne Building.

Term Degree Expected: \_\_\_\_\_ Date of Petition \_\_\_\_\_

Name of Petitioner: \_\_\_\_\_ SID Num: \_\_\_\_\_

Email: \_\_\_\_\_ Tel Num: \_\_\_\_\_

Major: \_\_\_\_\_ Name of Faculty Advisor: \_\_\_\_\_

Current Minor: \_\_\_\_\_

Proposed Minor: \_\_\_\_\_

## COURSES TOWARD PROPOSED MINOR:

Course: \_\_\_\_\_  
DEPT. \_\_\_\_\_ NUMBER \_\_\_\_\_

Course: \_\_\_\_\_  
DEPT. \_\_\_\_\_ NUMBER \_\_\_\_\_

Course: \_\_\_\_\_  
DEPT. \_\_\_\_\_ NUMBER \_\_\_\_\_

Course: \_\_\_\_\_  
DEPT. \_\_\_\_\_ NUMBER \_\_\_\_\_

Course: \_\_\_\_\_  
DEPT. \_\_\_\_\_ NUMBER \_\_\_\_\_

Course: \_\_\_\_\_  
DEPT. \_\_\_\_\_ NUMBER \_\_\_\_\_

Course: \_\_\_\_\_  
DEPT. \_\_\_\_\_ NUMBER \_\_\_\_\_

Course: \_\_\_\_\_  
DEPT. \_\_\_\_\_ NUMBER \_\_\_\_\_

## Undergraduate Chair of Department:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Application Decision:  Approved  Denied