

### Request to Minor in Kinesiology or Nutrition

*Only students in good academic standing will be approved to minor in a chosen discipline.*

**A. Completed by the Student: (PLEASE PRINT CLEARLY)**

\_\_\_\_\_  
Last Name First Name Middle  
Current mailing address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
UIC E-Mail address: \_\_\_\_\_ Current Phone: \_\_\_\_\_  
University Identification Number (UIN) (Number on University ID card): \_\_\_\_\_  
Current College: \_\_\_\_\_ Current Major: \_\_\_\_\_ Expected Graduation Term \_\_\_\_\_

**I would like to minor in the following discipline:** \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please turn this form into Emily C. Walker's mailbox in 337 PEB. The Dept. will complete the remainder of the form.*

**B. Completed by the Department:**

Cumulative GPA \_\_\_\_\_ UIC GPA \_\_\_\_\_ Status: Fr \_\_\_ Soph \_\_\_ Jun \_\_\_ Sen \_\_\_

Academic Standing: Good \_\_\_\_\_ Prob \_\_\_\_\_ Drop \_\_\_\_\_

Comments: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date added to spreadsheet \_\_\_\_\_ Entered by: \_\_\_\_\_

**D. Completed by College:**

Minor code is: 

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Date received: \_\_\_\_\_ Date added to Banner: \_\_\_\_\_ Completed by: \_\_\_\_\_

Effective term: \_\_\_\_\_ Comments: \_\_\_\_\_