

Finance Minor

Department of Business and Information Technology

Missouri University of Science and Technology

PLEASE RETURN COMPLETED FORM TO MINOR DEPT.

Name: _____ Student ID: _____

Local Address: _____

Primary Dept.: _____

Primary Advisor: _____

Expected graduation date: _____

Courses selected for minor program.

Course Title & Number	Number	Credit	Semester taken / Grade received
Corporate Finance I	Fin 2150 (250)	3	/
Micro or Macro Economics	Econ 1100 (121) or Econ 1200 (122)	3	/
Finance Elective*		3	/
Finance Elective*		3	/
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*At 3000 level or above (Undergraduate Research is acceptable)

Signature (Student) _____ Date: _____

Signature (Minor Advisor) _____ Date: _____

Signature (Dept. Chair) _____ Date: _____

cc: ORIGINAL TO REGISTRAR'S OFFICE
Student
Major Advisor
Minor Advisor
Minor Department Office