Human-Computer Interaction & User Experience 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: ____________________________  Today's date: __________________

Courses selected for minor program (minor advisor must initial any courses requiring special permission and any substitutions for courses planned):

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Number</th>
<th>Credit hrs.</th>
<th>Semester taken / Grade received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Web and Digital Media Development</td>
<td>IST 4654 (286)</td>
<td>3</td>
<td>/</td>
</tr>
<tr>
<td>Intro to Web and New Media Studies</td>
<td>IST 4680 (380)</td>
<td>3</td>
<td>/</td>
</tr>
<tr>
<td>Human-Computer Interaction</td>
<td>IST 5885 (385)</td>
<td>3</td>
<td>/</td>
</tr>
<tr>
<td>Prototyping Human-Computer Interactions</td>
<td>IST 5886 (386)</td>
<td>3</td>
<td>/</td>
</tr>
<tr>
<td>Human-Computer Interaction Evaluation</td>
<td>IST 5887 (387)</td>
<td>3</td>
<td>/</td>
</tr>
</tbody>
</table>

Signature (Student) ____________________________  Date: __________________

Signature (Minor Advisor) _________________________  Date: __________________

Signature (Dept. Chair) ___________________________  Date: __________________

cc:  ORIGINAL TO REGISTRAR’S OFFICE
     Student
     Major Advisor
     Minor Advisor

Last updated: 2/10/15