

Management 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
Intro to Management and Entrepreneurship	BUS 1110 (110)	3	/
Business Elective ¹		3	/
Business Elective ²		3	/
Business Elective ²		3	/
Business Elective ²		3	/

¹ BUS 2910, 3115, 5360, 5580 or
IST 4261

² BUS 4111, 4150, 5470 or EMGT
3320

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