

Electronic & Social Commerce 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):

Course Title	Number	Credit hrs.	Semester taken / Grade received
Electronic & Social Commerce	IST 4641 (241)	3	/
Elective ¹		3	/
Elective ¹		3	/
Elective ¹		3	/
Elective ¹		3	/

¹ 4 Electives from IST 4335, 5251, 5652, 5168, 5885, 5886, MKT 5310 or MKT 4580

Signature (Student) _____ Date: _____

Signature (Minor Advisor) _____ Date: _____

Signature (Dept. Chair) _____ Date: _____

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