

Business 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
Micro or Macro Economics	Econ 1100 (121) or Econ 1200 (122)	3	/
Introduction to Management and Entrepreneurship	BUS 1110 (110)	3	/
Financial Accounting	BUS 1210 (120)	3	/
Corporate Finance I	FIN 2150 (250)	3	/
Marketing	MKT 3110 (311)	3	/
			/

Signature (Student) _____ Date: _____

Signature (Minor Advisor) _____ Date: _____

Signature (Dept. Chair) _____ Date: _____

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