

Minor in Business

Missouri University of Science and Technology
Department of Business and Information Technology

PLEASE RETURN COMPLETED FORM TO MINOR DEPARTMENT

Name: _____ Student ID: _____

Local Address: _____

Major Field: _____ Major Advisor: _____

Expected graduation term: _____ 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 Cr. Hrs. Semester Grade

Required core courses:

Course Title	Number	Cr. Hrs.	Semester	Grade
Introduction to Management and Entrepreneurship	BUS 1110	3		
Financial Accounting	BUS 1210	3		
Corporate Finance I	FIN 2150	3		
Marketing	MKT 3110	3		

Choose one of the following courses:

Course Title	Number	Cr. Hrs.	Semester	Grade
The Inclusive Workplace	BUS 1414	3		
Principles of Microeconomics	ECON 1100	3		
Principles of Macroeconomics	ECON 1200	3		

Signature (Student): _____ Date: _____

Signature (Minor Advisor): _____ Date: _____

Signature (Dept. Chair) _____ Date: _____