

Marketing 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
Marketing	Mkt 3110 (311)	3	/
Micro or Macro Economics	Econ 1100 (121) or Econ 1200 (122)	3	/
Marketing Elective*		3	/
Marketing Elective*		3	/
Marketing Elective*		3	/

* From list: MKT 3210, MKT 5310, MKT 4150, MKT 4580, ERP 4610

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