

**Spanish minor**

2023-2024 catalog

**Student Name:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Minor Requirements**

Term Completed/Planned	Grade	Credit	Course #	Title
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Complete **four (4)** SPA electives numbered above 211

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
Student's Signature Date

Advisor signature below is only necessary if substitutions/waivers are made to the coursework.

\_\_\_\_\_  
Advisor's Printed Name Signature Date

Advisor(s): By signing, you indicate you have verified the accuracy of the information above. Faculty advisors must initial next to each course substitution/waiver and sign this form.