UNIVERSITY OF SOUTH CAROLINA
DEPARTMENT OF EXERCISE SCIENCE
APPLICATION FOR MINOR

DATE: ___________________________   VIP ID: ___________________________

STUDENT NAME: ____________________________

AREA OF EMPHASIS (TRACK): ____________________________

REQUEST FOR A MINOR IN: ____________________________

SEMESTER EFFECTIVE: ____________________________

By signing below:
1. The student agrees to provide the Exercise Science Department with a complete
   updated list of the minor requirements.
2. The student asserts that he/she will have successfully completed prerequisite courses prior to
   taking courses in the minor.

STUDENT’S SIGNATURE: ____________________________

MINOR REQUIREMENTS SUBMITTED WITH FORM: YES    NO

UNDERGRADUATE DIRECTOR’S APPROVAL: ____________________________

MINOR ADDED TO STUDENT’S RECORD: YES    NO    ADVISOR INITIALS: ________________

ADDITIONAL DEAN’S SIGNATURE: ____________________________

(Needed for some minors, e.g., Music, Medical Humanities; May have separate letter sent from department)

Revised 6/11/2014