

UNIVERSITY OF SOUTH CAROLINA
DEPARTMENT OF EXERCISE SCIENCE
APPLICATION FOR MINOR

DATE: _____ **SSN:** _____

STUDENT NAME: _____

AREA OF EMPHASIS (TRACK): _____

REQUEST FOR A MINOR IN: _____

MINOR CODE: _____ **DATE EFFECTIVE:** _____

By signing below:

1. The student agrees to provide the Exercise Science Undergraduate Coordinator 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: _____ **DATE:** _____

MINOR REQUIREMENTS SUBMITTED WITH FORM: **Yes** **No**

UNDERGRADUATE COORDINATOR'S APPROVAL: _____

ADDITIONAL DEAN'S SIGNATURE: _____

(Needed for some minors, e.g., Music, Medical Humanities)