

# Department of Family Studies Intent to Minor

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**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Expected Date of Graduation:** \_\_\_\_\_

**Why are you interested in a Family Studies minor?**

Proposed Courses	Semester	Grade
1. FS		
2. FS		
3. FS		
4. FS		
5. FS		

**APPROVAL:**

**Major Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Minor Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_