

**College of Natural Sciences**  
**Verification of Academic Minor or Certificate**  
 (for currently enrolled classified students only)

**I. To Be Completed by the Student and Submitted to the Minor/Certificate Department**

Student ID Number \_\_\_\_\_ Last name, \_\_\_\_\_ First Name, \_\_\_\_\_ Middle Initial \_\_\_\_\_

Student's: \_\_\_\_\_  
 College (DO NOT Abbreviate) \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

**Minor or Certificate** in \_\_\_\_\_ Total Credit Hours: \_\_\_\_\_  
 (Circle one)

List all courses counted for your academic minor or certificate area and identify courses in progress by an asterisk (\*).

| Course Number | Credits | Grade | Semester Taken | Course Number | Credits | Grade | Semester Taken |
|---------------|---------|-------|----------------|---------------|---------|-------|----------------|
|               |         |       |                |               |         |       |                |
|               |         |       |                |               |         |       |                |
|               |         |       |                |               |         |       |                |
|               |         |       |                |               |         |       |                |
|               |         |       |                |               |         |       |                |

I understand that the courses listed above cannot be used to fulfill core and major requirements.

\_\_\_\_\_  
 Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**II. To be completed by the Minor or Certificate department**

I have verified the courses and grades noted above except for work in progress and certify that the student satisfies requirements for a minor/certificate if each course has a grade of C or higher. If any course has a grade lower than C, my approval is null and void.

The student must also meet the required GPA of \_\_\_\_\_ in courses used for the minor or certificate.

\_\_\_\_\_  
 Departmental Minor/Certificate Advisor \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**III. To be completed by the Major department**

None of the courses listed above is being used to satisfy a requirement in the student's major program.

\_\_\_\_\_  
 Departmental Advisor \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**IV. Submit completed form to Student Academic Success Center, Sinclair 301**