DRAMATIC ARTS MINOR APPLICATION

Last Name: ___________________________  First Name: ___________________________  Date: __________

Student ID: ___________  Cell phone #: ___________________________  UConn Email: ___________________________

Current Major: ___________________________  Current Department: ___________________________

Major Advisor Name (Please Print): ___________________________  Date: __________

Approval by Major Advisor (Please Sign): ___________________________

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Proposed Plan of Study (list course # & semester): refer to required coursework in www.catalog.uconn.edu

- A “C” or better is required in each course
- There are no substitutions to required minor coursework
- No more than three (3) credits of transfer work may apply towards a minor

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Effective (Term & Year) __________  Student Signature: ___________________________  Date: __________

Dramatic Arts Minor Advisor will be: __________________________________________________________________

Approval by Minor Advisor (Please Sign): ___________________________  Date: __________

Department Head Approval (Please Sign): ___________________________  Date: __________

Please forward completed application to Dramatic Arts Administrative Office Drama/Music Building, Room 246.

Dean’s Office Approval: ___________________________  Date: __________

Date processed in Student Admin: ___________________________