JOHN JAY COLLEGE
THE CITY UNIVERSITY OF NEW YORK
OF CRIMINAL JUSTICE

OFFICE OF THE REGISTRAR

DECLARATION OF MINOR

NAME: _____ SOC SEC #: _____
Last First Middle Initial

ADDRESS: _____
Number and Street City State Zip

Degree credits completed to date: _____

Student's Major: _____ Student's Minor: _____

CONTACT PHONE #: _____/_____/_____ _____/_____/_____ EMAIL_____
HOME CELL

NOTE: A MINIMUM OF 18 CREDITS ARE REQUIRED TOWARD A MINOR.

LIST COURSES TO BE UTILIZED FOR THE CHOSEN MINOR

COURSE & NO. (EX: Soc 101)	TITLE (EX: Intro Sociology)	SEMESTER COMPLETED	GRADE

DATE: _____ STUDENT'S SIGNATURE: _____

DATE: _____ DEPT. CHAIRPERSON'S APPROVAL: _____

FOR OFFICE USE ONLY

Information verified by: _____

Entered on Permanent Record: _____