



Minor Declaration/Change

A: Student Biographical Information (PLEASE PRINT):

Last Name **First Name** **Middle Initial** **VSU ID # (870 xxx xxx)**

Signature **Date**

Current Phone Number **VSU Email Address** **Other Email Address**

Permanent Mailing Address

B: Declaration of Minor or Minor Change: *Declare/Add Minor* *Change Minor* *Remove Minor*

Major Area of Study _____

From: Minor Declared **To: New Minor** **Second Minor**

Department Signature & Date **Department Signature & Date** **Department Signature & Date**

****Mail or drop off completed form to 1526 N. Oak Street, Valdosta, GA 31698.****

Or

****Sign completed form, scan and send as an email attachment to djnickell@valdosta.edu****