



Special Minor

Name: _____
Last First

Major: _____

Telephone: () _____

Minor Title: _____

Please sign below to indicate understanding and agreement:

- The special minor consists of a minimum of 12 semester units, 9 units are upper division (see catalog for exceptions).
- The courses are drawn from at least two departments outside of my declared major.
- If I have chosen to include alternate courses, they will be substituted in the event the intended courses are not available.
- This is to be approved no later than the Census Date of the semester in which I become a Senior.
- My diploma will read "Special" minor, not the topic above.

Student Signature: _____

Student ID: _____

JUSTIFICATION FOR A SPECIAL MINOR: Please explain why a discipline based or an interdisciplinary minor does not accomplish what the special minor does. Also justify the appropriateness of each course as a part of the special minor.

PROPOSED SPECIAL MINOR COURSES

INTENDED COURSES	UNITS	ALTERNATE COURSES	UNITS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPROVED BY:

Advisor Signature

Dept. Chair Signature

School Dean Signature

Assoc. Dean Undergrad Studies

Signature

Date

Associate Dean of Graduate/Undergraduate Studies

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