MACALESTER COLLEGE
OFFICE OF THE REGISTRAR AND STUDENT ACADEMIC RECORDS
1600 Grand Avenue, St. Paul, MN 55105-1899 FAX: 651-696-6600 PHONE: 651-696-6200 www.macalester.edu/registrar

Minor Plan

INSTRUCTIONS: Please print clearly. A written signature is required. You may complete this form online, then print and obtain signature prior to sending to the Registrar's Office.

Student Name: _____ ID#: _____
Last First Middle

Minor: _____

☐ New ☐ Revised Expected Graduation Date: _____
Month Year

Other concentrations (majors or minors) you plan to complete: _____

A Minor concentration consists of four to seven courses within one department. See the catalog for general policies (Graduation Requirements section), and specific department sections for departmental requirements. In order for your minor to appear on your transcript after graduation, your plan must be completed as listed below or revised with the approval of the department chair.

	Dept.	Course&Section # T=Transfer	Course Title	Grade
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Department Chair: _____ _____
Signature Date Reg date rec'd

❒ Registrar (original) ❒ Copy to Department ❒ Copy to Student