NEW YORK CITY COLLEGE OF TECHNOLOGY

Office of the Registrar 300 Jay Street, Brooklyn, NY 11201 T: (718) 260-5800

VALIDATION OF ACADEMIC MINOR

Do not complete this form unless you expect to graduate at the end of this semester.

This form is to be completed by the student and the department's assigned Academic Minor Coordinator to assist the Office of the Registrar in verifying the completion of a student's intended academic minor. **This form must be submitted to the Office of the Registrar by the *Application for Degree* deadline as part of the candidate's application for their degree.**

Student Information (*Please Print*):

EMPLID: _____ Degree Candidate for: ☐ JAN. ☐ FEB. ☐ JUNE ☐ SEPT. Year: _____

Last Name: _____ First Name: _____

Telephone No.: _____ City Tech Email: _____

I, the undersigned, understand that all academic minor requirements must be completed at the time my record is reviewed for degree conferral. Failure to have all major and academic minor requirements completed may lead to my degree application being denied.

Student Signature: _____ Date: _____

In the absence of a written signature: submission of the form to your Academic Minor Coordinator using your campus email will suffice.

ACADEMIC MINOR COURSEWORK

Academic Minor: **No. of Credits Required:** _____

REQUIRED COURSE	TERM TAKEN	FINAL GRADE
1.		
2.		
3.		
4.		
5.		

CURRICULAR EXCEPTIONS

Please list any approved course substitutions or E-Permit courses below.

TYPE OF EXCEPTION & DATE OF APPROVAL	COURSE	TERM TAKEN	FINAL GRADE

ACADEMIC MINOR DEPARTMENTAL USE ONLY

_____

Academic Minor Coordinator's signature *Date*

DEPARTMENTAL STAMP

REGISTRAR USE ONLY

Approved: ☐ Denied: ☐ Registrar's signature: _____ Date: _____