

SCHOOL OF EDUCATION
EDUCATIONAL POLICY AND COMMUNITY STUDIES

COMMUNITY EDUCATION MINOR REGISTRATION FORM

Student's Name: _____

Address: _____

Email: _____

Campus ID/Social Security Number: _____

Major: _____

Major Advisor: _____ Year _____

Minor Plan: Community Education Code _____

Effective Term: Fall _____ Spring _____ Summer _____

Student's Signature (MUST BE SIGNED) Date

Comments: