



Senior Minor Form

NAME _____ ID# _____ DATE _____

MINOR _____ MAJOR _____

SECOND MINOR _____ SECOND MAJOR _____

(if applicable)

(if applicable)

Requirements for minors at Scripps College are defined by departments and are listed under Programs of Study in the [Scripps Catalog](#). All minors consist of a minimum of six semester courses or their equivalent. At least half of these courses must be taken at Scripps, except where this regulation is specifically waived.

IF THIS IS NOT A SCRIPPS MINOR, WHICH COLLEGE'S MINOR: **(Check one)** CMC HMC PIT POM

CATALOG YR/MINOR RQMTS: _____ Scripps Catalog year you're using to fulfill major/minor requirements; assumption is the year you entered the College. Note: Major and Minor requirements must be met using the same Scripps Catalog year.

Summary of Double Counting Policy (see Academic Information in online Scripps Catalog for complete policy information):

1. Up to **one course may double count between a major and a minor** (but not also a general education requirement).
2. Up to **one course may double count toward each of two minors** (but not also a general education requirement).
3. **No course may fulfill more than two requirements.** Examples: Social Science plus Race and Ethnic Studies; Fine Arts plus minor.

Required Minor Courses: List only the courses you have completed or will complete to fulfill requirements for this minor.

| Dept. & Course No. | Course Title | College | Sem/Yr | Registrar's Use Only |
|--------------------|--------------|---------|--------|----------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
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| | | | | |

MINOR ADVISER'S SIGNATURE
(approving above minor and courses) Date _____

SECOND MINOR ADVISER'S SIGNATURE
(acknowledging second minor, if applicable) Date _____

MINOR ADVISER **Please print name**

SECOND MINOR ADVISER **Please print name**

SCRIPPS PRIMARY ADVISER'S SIGNATURE Date _____

MAJOR ADVISER'S SIGNATURE
(approval of one course double counted between minor/major, if applicable) Date _____

SCRIPPS ADVISER **Please print name**

MAJOR ADVISER **Please print name**