

**COLLEGE OF AGRICULTURAL SCIENCES
AND NATURAL RESOURCES**

REVISION OF MINOR¹

(Return completed form with appropriate signatures to the CASNR Deans Office, 103 Ag Hall)
One form per minor request

Date _____

Name _____ ID# _____

Lincoln Address _____ Zip _____

Lincoln Phone Number _____ E-Mail Address _____

Minor _____ as published in the year _____ College of _____ bulletin.
College of Agricultural Sciences & Natural Resources (Circle One) 12 hour minor 18 hour minor

College of Arts & Sciences (A&S) (CKHNOne) Plan A Plan B (two minors)

Please record the following courses as constituting a minor.²

COURSE PREFIX	COURSE NUMBER	COURSE TITLE	CR. HRS.

_____ Date _____

Signature of Student

APPROVED:

Adviser _____ Date _____

Minor Department² _____ Date _____

College Dean _____ Date _____

¹ Required if proposed courses differ from those listed in the UNL Undergraduate Bulletin.
² Changes in an approved minor are made with a **Substitution-Waiver Form** available in Ag Hall 103. When changing the courses in a minor, a representative of the Minor Department signs the **Substitution-Waiver Request Form** in place of the **> Head, Major Department-**.

Copies to: 2 ~~UNL~~ UNL Registration and Records
 Dean, College of Major
 Dean, College of Minor
 Adviser
 Student