



**DECLARATION OF MINORS**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ HSU-ID # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Local Phone # \_\_\_\_\_

Minor(s): \_\_\_\_\_

**Please Note:** Some minors require approved programs signed by the minor advisor and Department Chair.  
Please refer to the HSU catalog for minor program requirements.