# Major/Minor/Concentration Audit

This form should be completed if you have an Interdisciplinary Major/Minor/Concentration that needs to be evaluated by the Department Chair/Coordinator. This form must be signed by the appropriate department chair or coordinator.

Name: _____ Banner ID: _____

Major/Minor/Concentration: _____

List all courses (including future courses) that count toward the Major/Minor/Concentration listed above. **List completed courses first.**

| Subject & Course No. | Hours | Title | Term |
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Dept Chair/Coordinator Signature: _____ Date: _____

Major/Minor/Concentration: _____

List all courses (including future courses) that count toward the Major/Minor/Concentration listed above. **List completed courses first.**

| Subject & Course No. | Hours | Title | Term |
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Dept Chair/Coordinator Signature:: _____ Date: _____