# Application for Minor or Concentration

John Carroll University        College of Arts and Science (CAS)

| Name: ______________________________ | Banner ID: __________________________ |
| Phone #: __________________________ | Email: _____________________________ |

Is this your 1st Minor___________ 2nd Minor__________ 3rd Minor__________?

Does this application request any change to previous declarations? No_____, If Yes, what change?______________________

**MINORS**

- Art History
- Biology
- Business (though the Boler School)
- Chemistry
- Classical Studies
- Communication & Theatre Arts
- Computer Science
- Creative Writing
- Economics
- Engineering Physics
- English
- Foreign Affairs
- French
- German
- Greek
- History
- Latin
- Mathematics
- Philosophy
- Physics
- Physical Education & Exercise Science
- Political Science (General)
- Psychology
- Sociology & Criminology
- Statistics
- Spanish
- Theater Arts
- Theology & Religious Studies
- United States Politics

**INTERDISCIPLINARY MINORS**

- Catholic Studies
- East Asian Studies - Interdisciplinary track
- East Asian Studies - Language track
- Entrepreneurship
- Forensic Behavioral Science
- Humanities
- Leadership Development
- Modern European Studies
- Peace, Justice & Human Rights
- Population & Public Health
- Women’s & Gender Studies

**CONCENTRATIONS**

- Africana Studies
- Aging Studies
- Chemistry
- Economics/Mathematics
- Environmental Studies
- International Business
- International Economics & Modern Languages
- International Studies
- Italian Studies
- Latin American & Latino Studies
- Neuroscience
- Political Communication
- Public Administration & Policy Studies

Anticipated Graduation Date (If unsure, please indicate an estimated date): □Dec, 20__ or □May, 20__ □Aug, 20__

Notification and signature: Please submit to the department to which you are applying. **You will be notified by the academic department regarding the status of your application.**

Student Signature: ___________________________ Date: ___________________________

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**Declaring Department Use Only:**

Date of Processing: ___________________________

Name of Approver/Department Signature: ___________________________

Revised: Sept2014