

Lehigh University
Office of Interdisciplinary Programs
101 Williams Hall • 610-758-3996 • incasip@lehigh.edu
MINOR DECLARATION / REVISION FORM
A separate form must be submitted for EACH minor.

New Dropped Revised (Please explain nature of revision in space provided)

Please print clearly.

Name _____ Email _____@lehigh.edu

Cell Phone _____ Home Phone _____ Campus Box # _____

Student ID # _____ Class _____ Expected Graduation (Term/Year) _____ / _____

Interdisciplinary Program being declared, dropped or revised <i>(A separate form must be completed for each new minor, dropped minor or revision)</i>	Please check one minor
Africana Studies	
Asian Studies	x
Classical Civilization	
Classics	
Cognitive Science	
Environmental Studies	
Global Studies	
Health, Medicine & Society	
Jewish Studies	
Latin	
Latin American Studies	
Science, Technology & Society	
Sustainable Development	
Women, Gender & Sexuality Studies	

College of Primary Major (Please check one): CAS CBE COE CEAS

Degree Sought (Please check one): BA BS

Current Major(s)	Advisor <i>(Please list advisor for each)</i>	Advisor e-mail address
Primary Major:		
Secondary Major:		
Declared Minor(s) <i>(Please list in order declared)</i>		

** When the minor is completed satisfactorily, it will be recorded on the student's academic record upon graduation. THE MINOR WILL NOT APPEAR ON THE DIPLOMA.*

Approved by: _____
Student

Date

Program Director

Date

Submit completed forms to the Office of Interdisciplinary Programs, 101 Williams Hall

<p>For OIP use only</p> <p>Received on ____ / ____ / ____</p> <p>Copies distributed on ____ / ____ / ____</p> <p>Initials: _____</p>	<p><input type="checkbox"/> Dean's Office, College of A&S</p> <p><input type="checkbox"/> Registrar</p> <p><input type="checkbox"/> Program Director</p> <p><input type="checkbox"/> Major Advisor(s)</p> <p><input type="checkbox"/> Minor Advisor(s)</p> <p><input type="checkbox"/> Student</p>
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