

**MINOR DECLARATION Occidental College Office of the Registrar**

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Email Address

**Minor (PRINT)**

\_\_\_\_\_

**Department Chair (PRINT)**

\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date

Student Class Level Fr\_\_ So\_\_ Jr\_\_ Sr\_\_  
Check One

\_\_\_\_\_  
Registrar Approved

\_\_\_\_\_  
Date Received