



Office of the Registrar
 8100 Hwy. 71 South
 Alexandria, La 71302
 Phone: (318) 473-6424

Declaration/Deletion of a Minor

Please Note: Effective term for the curriculum change will be the semester that the minor declaration form is submitted.

This application is for my (choose one): Teaching Minor: Non-Teaching Minor:

I am also pursuing the following credentials for completion at this time and will submit separate application(s)* for university review:

Primary Major: _____ Second Degree: _____

Second Major: _____ Minor(s): _____

**Each credential requires a separate form, which can be found via the My LSUA portal.*

DECLARATION OF MINOR

Full Legal Name (Last, First MI): _____ Student ID #: _____

Graduation Semester: ___ Spring ___ Summer ___ Fall Graduation Year: _____

Minor: _____ Dept. of Minor: _____

College of Minor: _____ Catalog Year: _____

DELETION OF MINOR

Full Legal Name (Last, First MI): _____ Student ID #: _____

Graduation Semester: ___ Spring ___ Summer ___ Fall Graduation Year: _____

Minor: _____ Dept. of Minor: _____

College of Minor: _____ Catalog Year: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____