



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

Application for a Minor

Please Note: Effective term for the curriculum change will be the semester that the minor request 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 online via the MyLsua Portal.*

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: <input type="checkbox"/> My Degree Navigator audit is accurate.
Student Initials: _____ Date: _____
Advisor: <input type="checkbox"/> Student's Degree Navigator audit is accurate.
Advisor Initials: _____ Date: _____

Student Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____