

History Minor

Name:

Graduation Date:

Major:

Student ID:

Phone:

Email:

| | Course Title | Course Number | Quarter/Year | Instructor |
|----------|--------------|---------------|--------------|------------|
| Course 1 | | | | |
| Course 2 | | | | |
| Course 3 | | | | |
| Course 4 | | | | |
| Course 5 | | | | |
| Course 6 | | | | |

Student Signature:

Date:

CAC Chair Signature:

Date: