STUDENT'S PROGRAM RECORD

MINOR PROGRAM (SCIENCE) (18 credits)

NAME: ..................................................................................................................................................

Surname Given name

STUDENT NO: .................................................................................................................................

email.................................................................................................................................

PROGRAM: .............................................................................................................................

DATE: ...............................................................................................................................

REQUIRED COURSES: 3 CREDITS

<table>
<thead>
<tr>
<th>Dept./No</th>
<th>Course Name</th>
<th>Credits</th>
<th>Term/Year taken</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 210</td>
<td>Perspectives of Science</td>
<td>3</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL 3

PLUS COMPLEMENTARY COURSES

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Course No.</th>
<th>Credits</th>
<th>Term/Year taken</th>
<th>Grade</th>
</tr>
</thead>
</table>

TOTAL 15+

AREA OF CONCENTRATION:

NOTE: ALL PROGRAM COURSES MUST BE PASSED WITH A GRADE OF "C" OR BETTER

Students are responsible for ensuring that they have completed their program(s) and credits.

Revised 02/0720

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