

MINOR APPROVAL FORM FOR BCOM STUDENTS

Please print clearly. Submit to the BCom Office, Bronfman Building, room 110.

Name: _____ McGill ID: _____

McGill email: _____

Year: U0 U1 U2 U3 Phone number: _____

Major or Concentration: _____

Expected Graduation date: Fall 20____ Winter 20____ Summer 20____

CHOSEN MINOR: _____										
COURSE NUMBER					TITLE					BCOM OFFICE USE ONLY
				-						
				-						
				-						
				-						
				-						
				-						
				-						
Total credits for this minor:										
BCom Adviser: _____										

Minor Adviser's Name: _____ Telephone: _____

Minor Adviser's Signature: _____ Date: _____