

MINOR APPROVAL FORM FOR BCOM STUDENTS

Please submit to bcom.mgmt@mcgill.ca. This form is only to be filled out near the completion of the minor. The BCom Office recommends students always meet with the specific minor advisor to ensure they are on track, as they progress through their degree.

Name: _____ McGill ID: _____

McGill email: _____

Year: Year 0 Year 1 Year 2 Year 3+ Phone number: _____

Major or Concentration: _____

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

CHOSEN MINOR:								
COURSE NUMBER				COURSE TITLE				CREDITS
			-					
			-					
			-					
			-					
			-					
			-					
			-					
			-					
							Total credits for this minor:	
BCOM ADVISOR NOTES:								

Minor Adviser's Name: _____

Minor Adviser's Signature: _____ Date: _____

BCom Advisor: _____ Adjustments done: _____