



Registrar's Office

(715) 394-8228 (office)
(715) 394-8040 (fax)

www.uwsuper.edu/registrar

Old Main 139, P.O. Box 2000 • Superior, WI 54880

PETITION TO THE CREDITS COMMITTEE • INDIVIDUALLY DESIGNED MINOR

GUIDELINES: Petitions for Individually Designed Minors may not be submitted before the second semester of the sophomore year. At the time of submission of the petition, at least twelve (12) credits in the proposed minor shall not yet have been completed. An Individually Designed Minor is not approved for teacher certification. At least two courses must be resident credit courses.

DIRECTIONS: Use typewriter or ballpoint pen. Return completed form to the Registrar's Office, Old Main, 139. After your petition is acted upon, a copy will be returned to you to indicate the action of the Credits Committee.

NAME: _____ DATE _____

CURRENT MAILING ADDRESS: _____ MAJOR: _____

_____ TOTAL CREDITS EARNED TO DATE: _____

_____ CUMULATIVE GRADE POINT AVERAGE: _____

STUDENT ID NO: _____ (Zip Code) DEGREE SOUGHT: _____

CHECK One: Petition to initiate an Individually Designed Minor _____ or
Petition to change an Individually Designed Minor _____

MINOR TITLE: _____
(use no more than 24 letters and spaces)

SUMMARY OF PURPOSE OF MINOR: (78 characters or less)

EDUCATIONAL OBJECTIVES:

PROPOSED COURSE SEQUENCE (or proposed course changes in previously approved I.D. Minor)

	Department	Number	Title of Course	Credits	Grade
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

TOTAL CREDITS _____ (Minimum of 21 semester credits required)

SUPPORTING STATEMENT: Attach a separate page on which you include a statement that explains why you cannot accomplish your educational objectives through an existing program and how the courses you propose will help you to accomplish them. The quality of this statement combined with the clarity of your objectives and the appropriateness of our proposed courses will determine the outcome of your petition.

CREDITS COMMITTEE ACTION

Date: _____ Approved

Denied

Registrar: _____

Remarks: _____

X _____
Student Signature *Date*

APPROVAL:

Academic Advisor *Date*

Department Chair *Date*

NOTE: There shall be no overlap in coursework between the major and the minor when either the major or the minor is individually designed.

Approved: Academic Affairs Council 09/18/86
 University Senate 10/21/86