

MINOR IN SCIENCE

Primary and Secondary Specialization Advisor Approval Form for BSc Students

Student Name: _____

Year Level: _____

Student Number: _____

Email Address: _____

Specialization
Major/Honours: _____

Specialization
For Minor: _____

YOUR PROPOSED COURSES FOR MINOR

*Include the credit value of the course and indicate when you plan to take the course
(Term and Session) i.e "BIOL 300 | (3) | Term 1, 2019W"*

COURSE CODE	CREDIT VALUE	TERM & SESSION

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PRIMARY SPECIALIZATION (E.G., MAJOR, HONOURS) ADVISOR

Given this student's academic record and course progress to date, I am supportive of their application and believe they are suitably prepared to undertake a secondary specialization (e.g., minor).

	NAME	SIGNATURE	DATE
MAJOR/HONOURS ADVISOR			
SECOND ADVISOR (for Combined Major/Honours)			

SECONDARY SPECIALIZATION (MINOR) ADVISOR

I confirm that the plan outlined above meets the departmental requirements for the minor program. I am supportive of this student's application given their academic record and course progress to date, and I believe that the student is suitably prepared to undertake a secondary specialization (e.g., minor).

	NAME	SIGNATURE	DATE
MINOR ADVISOR			