



African Studies Institute

Franklin College of Arts and Sciences

UNIVERSITY OF GEORGIA

MINOR COMPLETION FORM

SECTION A - COMPLETED BY STUDENT:

Name _____
(Last) (First) (Middle)

810# _____

Student's School/College _____

Student's Major/Degree Program _____

This is to certify that the student listed above has completed all academic requirements necessary to earn a minor in _____
(Name of Approved Minor)

These requirements were completed _____
(Academic Term Completed)

<u>COURSE</u>	<u>SEMESTER COMPLETED</u>	<u>GRADE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION B - COMPLETED BY SCHOOL/COLLEGE:

Departmental Representative: _____ Date: _____

Dean*: _____ Date: _____

*After approval, the approving unit should return to the student's school/college.