FACULTY OF AGRICULTURAL & FOOD SCIENCES

Certificate of Fulfillment of the Requirements for a Minor

Name _____ Student ID _____

Major _____ Box No. _____

Minor _____ e_Mail _____

Graduate Date _____ Tel. No. _____

List the courses completed (**PASS**) or currently taken (**PENDING**) towards the indicated minor (*copy of transcript should be attached*):

	Course	Credits	Pass	Pending
1				
2				
3				
4				
5				
6				
7				
8				

_____ _____ _____

Date Advisor's Name Advisor's Signature

_____ _____ _____

Date Approved Signature of Department

To: Registrar

Based on the above list of completed courses, please indicate on the transcript of the student named above that he/she has satisfied the requirements for:

A MINOR IN: NUTRITION AND DIETETICS

_____ _____

Date Dean's Signature

cc: Faculty in which the Major is followed (where applicable).