



FACULTY OF ARTS & SCIENCES
INTENTION TO FULFILL A MINOR*

Name: **ID:**

Current Major: **Class:**

AUB Box №: **E-Mail:** **Other E-Mail:**

Expected Graduation Date: (Month), 20..... / 20..... (Year)

I intend to pursue a minor(s) in (1).....

(2).....

I have already discussed my study plan for the completion of the minor(s) with **both** my academic adviser and the head of the department offering the minor(s). As soon as I fulfill the requirements, I will fill & submit the appropriate form(s): “**Certificate of fulfillment of the requirements for a minor**”

(http://www.aub.edu.lb/fas/fas_home/student-resources/Pages/minor.aspx) in order to have the minor(s) indicated on my transcript.

Date: Student’s Signature:

*** This form must be filled by students who wish to complete a minor in FAS and should be sent to <lknio@aub.edu.lb> as an attachment**