



THE CATHOLIC UNIVERSITY OF AMERICA

School of Nursing
Washington, DC 20064
202-319-5400
FAX 202-319-6485

Application for Minor/Certificate

The Dean's Office will retain this form until you graduate. The form will be checked against your courses during your final senior audit. If you have completed all the requirements for this minor/certificate, the form will be sent to the Registrar for official posting on your transcript.

Student's Name: _____ ID: _____

Current Address: _____ Phone: _____

CUA Email: _____

Major: _____

Expected Graduation Date: _____

I hereby request transcript recognition of a minor/certificate in the following program:

Print Name of Program

A minor, or subconcentration, in the humanities, social sciences, philosophy or religious studies is available to students who complete the requirements for the subconcentration as stipulated by the respective department or school. I understand that a subconcentration consists of six or seven courses and that *no pass/fail courses* and *no more than two off-campus courses* may count toward this minor/certificate. I further understand that substitutions for required courses will be approved only in extraordinary circumstances.

Undergraduate Director - Nursing

Date

Undergraduate Director – Minor Dept.

Date