



(mail) 84 West South Street | Wilkes-Barre PA 18766  
(office) University College, Conyngham Hall #215, 2<sup>nd</sup> Floor

## DECLARATION OF *MINOR/CONCENTRATION*

**THIS COMPLETED FORM MUST BE RETURNED TO UNIVERSITY COLLEGE  
(2<sup>ND</sup> FLOOR, CONYNGHAM HALL, #215) TO BECOME EFFECTIVE**

Name (*Please print.*) \_\_\_\_\_ WIN \_\_\_\_\_

**It is my intention to pursue a course(s) of study leading to the following:**

\_\_\_\_\_  
Minor 1

\_\_\_\_\_  
Department Chair Signature  
(*of department that supervises this course of study*)

\_\_\_\_\_  
Concentration

\_\_\_\_\_  
Minor 2

\_\_\_\_\_  
Department Chair Signature  
(*of department that supervises this course of study*)

\_\_\_\_\_  
Concentration

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

cc: Advisor