

DECLARATION OF MINOR



REED COLLEGE Office of the Registrar
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_____	_____	_____	_____
Name	Reed ID	Year in School	Major

Minor _____

List all courses and units required to complete the minor:

Courses Required	Units	Courses Required	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____
Minor Department Chair Signature	Date

_____	_____	_____	_____
Student Signature	Date	Adviser Signature	Date

OFFICE USE ONLY Revised 5/2020 AM/BB	Term effective _____	Exp Grad Date _____	Processed by _____	Date _____
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