



INTENTION TO COMPLETE A CERTIFICATE OR MINOR*

Banner ID#: _____ -or- Email: _____@dickinson.edu

I, _____, intend to complete the courses for the following:
(Student's printed name)

Please check **one**:

- | | |
|---|---|
| <input type="checkbox"/> Astronomy minor | <input type="checkbox"/> CPYB Certificate |
| <input type="checkbox"/> Chinese minor | <input type="checkbox"/> Health Studies Certificate |
| <input type="checkbox"/> Creative Writing minor | <input type="checkbox"/> Security Studies Certificate |
| <input type="checkbox"/> Film Studies minor | |
| <input type="checkbox"/> Italian minor | |
| <input type="checkbox"/> Japanese minor | |
| <input type="checkbox"/> Linguistics minor | |

Student's signature: _____

Date: _____

Advisor Signature: _____
(This is the signature of your **minor advisor** or the **certificate coordinator**.)

Date: _____

Advisor Name: _____
(Please Print)

*Intention to minor is reported ONLY for those areas where no major is available.

For education minor, see Education Department.

<p align="center">Registrar's Office Use Only</p> <p>SFAREGS: _____</p> <p>SGAADVR: _____</p> <p>Date Entered: _____</p>
