Minor Application

Student’s Name: __________________________________ MIT ID: ________________

Term Address: ______________________________________________________________

Phone Number: (___)_____________ E-Mail Address: ___________________________

Expected Date for Award of S.B. (circle): FEB JUNE SEPT Year: ____________

MIT Course (major): ____________ Faculty Advisor (major) : _________________

Please choose three potential minor advisors (advisors cannot be in your major)

+ ______________________
+ ______________________
+ ______________________
+ ______________________

Minor Requirements

A minimum of four subjects taken for the minor cannot be counted toward another major or minor

<table>
<thead>
<tr>
<th>Requirement</th>
<th>also counted for another major/minor</th>
<th>completed</th>
<th>not completed</th>
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</thead>
<tbody>
<tr>
<td>Foundation:</td>
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<tr>
<td>Statistics 1:</td>
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<td>Statistics 2:</td>
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<tr>
<td>Comp. and Data Analysis:</td>
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<tr>
<td>(2 subjects)</td>
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<td>Capstone:</td>
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Capstone: IDS.012

_____________________________________
Minor Advisor’s Signature

_____________________________________
Minor Advisor’s Name (print) _________________________
Date of Approval