

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

	also counted for another major/ minor	completed	not completed
--	---	-----------	------------------

Foundation: _____

Statistics 1: _____

Statistics 2: _____

**Comp. and
Data Analysis:** _____
(2 subjects)

Capstone: IDS.012

Minor Advisor's Signature

Minor Advsor's Name (print)

Date of Approval