



University of Pittsburgh

School of Health and Rehabilitation Sciences

Kellie Beach
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412-383-6554
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Minor Verification Form for Graduation

Student Name: _____ Minor: _____

PeopleSoft ID: _____ Graduation Term Applied: _____

The above listed student has met all necessary requirements to satisfy the requirements of the minor through the completion of the following coursework:

- ❖ If the student is taking a required course in the term graduating, please note in grade received column. The grade will be verified at time of graduation by SHRS.

<u>Course</u>	<u>Semester completed</u>	❖ <u>Grade received (note "In Progress" if completing in graduating term)</u>

I hereby confirm that all necessary requirements for the minor have been met.

Arts and Sciences minor (take to Student Records at 140 Thackeray for signature)

Student Records Representative (Printed Name) _____

Signature: _____ Date: _____

(If you are using a course exception/substitution for a minor in A&S you will also need the signature of your Advisor in your minor)

Advisor in Minor (Printed name): _____

Signature: _____ Date: _____

All Other Minors

Advisor in Minor (Printed name): _____

Signature: _____ Date: _____