

**School of Fine Arts
Department of Music
Application for the Minor in Music**

Name: _____ PeopleSoft ID: _____

Local Address: _____

Permanent mailing Address: _____

Local Telephone Number: _____ Email Address: _____

Major Degree: _____

Expected Date of Graduation: _____

For current requirements for the minor in Music, please consult the undergraduate catalog or the music minor plan of study.

Please note that:

- A “C” or better is required in each course
- There are no substitutions to required minor coursework
- No more than six (6) credits of transfer work may apply towards a minor

Student Signature: _____ Date: _____

Music-Minor Coordinator Signature: _____ Date: _____

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The completed application should be forwarded to the Department of Music, c/o Russell Ficarra, U-1012
Forward one copy of approval to Eva Gorbants
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For further information about the music minor, contact Professor Glenn Stanley
Music Library Building, room 104 glenn.stanley@uconn.edu 860 486-2478