



**COLLEGE OF PHARMACY AND
PHARMACEUTICAL SCIENCES**

THE UNIVERSITY OF TOLEDO

MINOR DECLARATION

For Cosmetic Science and Formulation Design Minor

For questions about completing this form, contact Student Affairs at Main Campus Wolfe Hall 1227 or call 419.530.2010, or Health Science Campus Wolfe Center 155 or call 419.383.1904.

Name (Please Print) _____	Rocket Number _____
UT Email _____	@rockets.utoledo.edu
Expected Graduation Date _____	Phone number _____
Your Major _____	Your College _____

Declare minor in Cosmetic Science and Formulation Design

Have you submitted a graduation application to the Registrar's office or RSC? Yes No

If yes, to graduate in which term? _____

I have taken courses that apply to the minor at one or more schools other than UT and have submitted all transfer work/transcripts.

Yes No Not applicable

Undeclare minor in Cosmetic Science and Formulation Design

Your signature _____ **Date** _____

Drop off completed form to Main Campus Wolfe Hall 1227 or Health Science Campus Wolfe Center 155

DEPARTMENT USE ONLY

Recorded by _____ Date _____

Processed by _____ Date _____