

STUDENT INFORMATION FORM

MULTIMEDIA MINOR

Department of Instructional Technology
Utah State University

Name _____ Date _____

Local Address _____

Telephone (home) _____ (work) _____ E-mail _____

Anticipated Graduation Date _____

Major _____ Other Minors _____

Major Advisor _____ Department _____

Current Class Standing _____ Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate Student _____

How do you plan to use the skills learned in your multimedia minor?

Planned Program of Study

<i>Dept. & Course #</i>	<i>Course Title</i>	<i>Credit Hours</i>	<i>Semester Scheduled</i>

Minimum Credit Hours Required 15

Student Signature _____ Date _____

Faculty Advisor Approval _____ Date _____

Return to: Department of Instructional Technology
2830 Old Main Hill
Logan, UT 84322-2830