# Student Information Form

**Multimedia Minor**  
Department of Instructional Technology  
Utah State University

Name ___________________________  A # ___________________  Date ____________

Anticipated Graduation Date ________________________________________________

Major ___________________________  Other Minors ____________________________

Major Advisor _____________________  Department ____________________________

Current Class Standing  _____ Freshman  _____ Sophomore  _____ Junior  _____ Senior

Where did you hear about our Minor?  ___________________________________________________________________

## Planned Program of Study

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Semester Scheduled</th>
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*Minimum Credit Hours Required*  15

Student Signature ___________________________  Date ___________________

Program Coordinator Approval ___________________________  Date ___________________

Return to:  
Department of Instructional Technology & Learning Sciences  
2830 Old Main Hill  
Education Building Room 215  
Logan, UT  84322-2830

Last Revised 1 June 2021