**STUDENT INFORMATION FORM**  
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?

________________________

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**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

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Student Signature ___________________________ Date ________________

Program Coordinator Approval ___________________________ Date ________________

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Return to:

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