



INTENT TO MINOR IN DEMOGRAPHY

| | | | | | | |
|--------------------------|---------|-----------------|-------|----------|------------------------|----------------------------|
| Last Name | | First | MI | Net ID | CU ID # | |
| Major | College | Secondary Major | | Adviser | | |
| Local Street Address | | City | State | ZIP Code | Local Phone No. () | Permanent Phone No. () |
| Permanent Street Address | | City | State | ZIP Code | | |
| Expected Graduation Date | | | | | | |

SIGNATURE

Please return this completed and signed form to CPC, 2301 MVR Hall.

MAJOR ADVISOR'S NAME PRINTED

MAJOR ADVISOR'S SIGNATURE

DATE