

DECLARATION OF MINOR

OFFICE OF THE REGISTRAR

Please print neatly below

Processed by: _

First Name:	Last Name:	
Student ID #: Berklee Email: _		
Major:	Minor:	
Student Signature	Date	
REQUIRED APPROVAL		
Chief Academic Officer	Date	
OR		
Registrar	Date	
self-service. These courses all have the following p	ated-course-offerings.	5.
· · · · · · · · · · · · · · · · · · ·	fice of the Registrar, 939 Boylston Street, second floor). Fax: 617-912-9221. Email: registrar@berklee.ed	

Office of the Registrar Use Only

Date Completed: _