

## Faculty of Human and Social Development Declaration of a Minor Degree Program

School:  Child and Youth Care Health Information Science Social Work Public Health and Social Policy	
Registration Number Entry Calendar Year	Date Degree Expected
Name in Full	Degree Expected
Declaration of Minor in:	
Degree Program as per attached CAPP Report with t	the following exceptions:
Remarks:	
Signature of Student Advisor Degree Program	Date
Signature of Advisor In Minor Degree Program	Date
I certify the above program to be the one I have cho requirements, as per the attached CAPP report, with responsible for ensuring my degree program require Advisor of any program/course changes(s).	n my Student Advisor. I understand that I am
Signature of Student	Date
Approval by Director of School	Date