QUEENS COLLEGE OF THE CITY UNIVERSITY OF NEW YORK
DEPARTMENT OF ACCOUNTING AND INFORMATION SYSTEMS
MINOR CONCENTRATION FORM

On the basis of the minor set forth below, the College will grant to students complying with its general requirements, a minor in Accounting and Information Systems. In addition to the specified courses, students must elect at least 1 additional course in approved electives. A MINIMUM OF TWELVE (12) CREDITS MUST BE TAKEN AT QUEENS COLLEGE.

NAME ________________________________
LAST                                    FIRST
ADDRESS ________________________________________________________________
CITY/STATE_________________________ZIP_____________________
ADVISOR _________________________________

Intended Day of Graduation: ____________________
Are you a transfer student? Yes____ No _____
If yes, attach a copy of Transfer Evaluation and Transcript
Name(s) of Transfer Credit College(s)________________
CUNY first I.D.#__________________________
Telephone Number ___________________________
Email ________________________________

Changes in the courses selected or the semester taken may be made at any time, with the advisors approval.

<table>
<thead>
<tr>
<th>Classification and Credits</th>
<th>Department &amp; Course Number</th>
<th>Title &amp; (prerequisite)</th>
<th>Credits</th>
<th>Suggested Class Standing</th>
<th>Transfers Planned Class</th>
<th>Actual/Planned Class</th>
<th>Actual/Planned Semester/Year</th>
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</thead>
<tbody>
<tr>
<td>Accounting 12 credits</td>
<td>Acct. 101</td>
<td>Introductory I</td>
<td>3</td>
<td>U.F.</td>
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<td></td>
<td>Acct. 102</td>
<td>Introductory II (Acct. 101)</td>
<td>3</td>
<td>L.So.</td>
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<td></td>
<td>Acct. 201</td>
<td>Intermediate I (Acct.102)</td>
<td>4</td>
<td>U.So.</td>
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<tr>
<td>Law</td>
<td>Acct. 261</td>
<td>Business Law I</td>
<td>3</td>
<td>U.J.</td>
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<td></td>
<td>Acct. 367</td>
<td>Income Taxes (Acct. 102)</td>
<td>4</td>
<td>L.Sr.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sub-Total 19

One Additional Approved Elective ____________________________ ____________________________

Total ________

Student’s Signature ____________________________ Date ____________________________
Advisor’s Signature of Approval ____________________________ Date ____________________________

INDICATE IN THE TRANSFER COLUMN WITH A ZERO AND SLASH (Ø) COURSES TAKEN OFF CAMPUS AND ATTACH A COPY OF TRANSFER EVALUATION FORM. SUBMIT BOTH COPIES, FULLY COMPLETED, SIGNED AND DATED TO YOUR FACULTY ADVISOR. WHEN THE FORM IS APPROVED KEEP THE STUDENT COPY FOR YOUR RECORDS.

Note: Approval DOES NOT indicate that:
1) A course will be offered during a planned semester;
2) Your planned courses will not conflict with each other;
3) You will be guaranteed a place in your planned course;
4) You may have planned too many courses in a given semester; and
5) You have planned properly for all your course prerequisites

Top Copy - Student
Bottom Copy - Department