Intention to Minor in Policy Analysis and Management

Complete and submit this form after you have successfully completed at least one PAM course, and you intend to earn a minor in PAM.

☐ PAM Minor
☐ PAM Minor in Health Policy

Name: _____________________________
Cornell ID #: ______________________
College: __________________________
Major: ____________________________
E-mail: ____________________________
Expected Graduation Year: ____________

Major Advisor’s
Name ____________________________ Department_______________________

Major Advisor’s
Signature __________________________ Date __________________________

(Submit a copy to 2301 MVR. Keep one copy for your records.)