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 2250A MVR. Keep one copy for your records.)