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___________________
Signature __________________________ Date _________________________

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