

## MINOR IN PACKAGING

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**Requirements for the Minor: 15 units.**

**REQUIRED COURSES: (9 units)**

Department/ Course #	# units	Course name	Semester offered	Semester completed	Grade
PKG 107	3	Principles of Packaging	F,S	_____	_____
PKG 141A	3	Pkg Materials I	F	_____	_____
PKG 141B	3	Pkg Materials II	S	_____	_____

**ADDITIONAL REQUIREMENTS (Select a minimum of 6 units):**

Dept/Course #	# units	Course name	Semester offered <sup>1</sup>	Semester completed	Grade
PKG 146	3	Pkg for Medical Devices	every 3 <sup>rd</sup> semester	_____	_____
PKG 156	3	Pkg Machinery Systems	every 3 <sup>rd</sup> semester	_____	_____
PKG 158	3	Protect Pkg Design & Test	every 3 <sup>rd</sup> semester	_____	_____
PKG 159	3	Pkg Material Hand & Dist	every 3 <sup>rd</sup> semester	_____	_____
PKG 169	3	Food Pkg and Preservation	S	_____	_____
PKG 170	3	Pkg Develop & Mgmt	S	_____	_____

**College/University**

*Substitute* \_\_\_\_\_ *taken at* \_\_\_\_\_ *for* \_\_\_\_\_ *Approval/Date* \_\_\_\_\_

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*Substitute* \_\_\_\_\_ *taken at* \_\_\_\_\_ *for* \_\_\_\_\_ *Approval/Date* \_\_\_\_\_

**Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<sup>1</sup>Rotation of course offerings may vary; check with Faculty Advisor or Department.