REQUEST FOR APPROVAL OF DEPARTMENTAL MINOR

Student Name: ________________________________

Title of Minor: ________________________________

Date:

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<tr>
<th>Subject Number*</th>
<th>Subject Title</th>
<th>Units</th>
<th>H or G Level</th>
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*If it is not apparent how the three proposed subjects represent a coherent theme for your Minor, please attach a typed written explanation.

Student Signature: ____________________________ Date: __________

Thesis Supervisor(s) Signature(s): ________________ Date: __________

__________________________ Date: __________

PLEASE RETURN THIS FORM TO THE BE ACADEMIC OFFICE, 16-267. THE ACADEMIC OFFICE WILL SEEK APPROVAL OF THE GRADUATE PROGRAM COMMITTEE.

IF APPROVED, A COPY OF THIS FORM WILL BE MAILED TO THE STUDENT AND THE THESIS SUPERVISOR(S), INDICATING THE APPROVAL.

APPROVAL OF COMMITTEE FOR GRADUATE STUDENTS

SIGNATURE: ________________________________ Date: __________