REQUEST FOR APPROVAL OF DEPARTMENTAL MINOR

Student Name: ________________________________________________

Title of Minor: ______________________________________________

Description of Minor: __________________________________________

Date: ________________________________________________________

<table>
<thead>
<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: __________