

REQUEST FOR APPROVAL OF DEPARTMENTAL MINOR

Student Name:					
Title of Minor:					
Description of Min	or:				
Date:					
Subject Number*	Subject Title		Units	H or G Level	
1.					
2.					
3.					
*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:		Г	Date:		