

REQUEST FOR APPROVAL OF DEPARTMENTAL MINOR

Student Name: _____

Title of Minor: _____

Date: _____

	<u>Subject Number</u>	<u>Subject Title</u> ¹	<u>Units</u>	<u>Level</u> ²
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

¹ If the three subjects are not all offered by the same department, please attach an explanation of how they constitute a coherent theme.

²Please note whether the subject is U (Undergraduate Level) G (Graduate Level), or H (Graduate Higher-Level).

Student Signature: _____ Date: _____

Thesis Supervisor(s) Signature(s): _____ Date: _____

_____ Date: _____

PLEASE RETURN THIS FORM TO THE STUDENT OFFICE, 66-366. THE STUDENT OFFICE WILL SEEK APPROVAL OF THE COMMITTEE FOR GRADUATE STUDENTS. 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: _____