REQUEST FOR APPROVAL OF DEPARTMENTAL MINOR

Student Name: _______________________________________

Title of Minor: ______________________________________

Date: ________________

<table>
<thead>
<tr>
<th>Subject Number</th>
<th>Subject Title</th>
<th>Units</th>
<th>Level</th>
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</table>

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

2 Please 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: ________