

Due last day of classes, third semester

### MINOR APPROVAL FORM

Students Name: \_\_\_\_\_ Major Division: \_\_\_\_\_

Semester started Program: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Note:** All students must attach a brief written justification for their proposed minor to this form. Minor Division Chairs or Special Topics Chairs must endorse the proposed Minor for their areas.

MINOR AREA: Please check one

- |  |   |
|--|---|
| <input type="checkbox"/> Behavioral Neuroscience           | <input type="checkbox"/> Student Designed Curriculum        |
| <input type="checkbox"/> Clinical                          | Special Topics:   |
| <input type="checkbox"/> Cognitive                         | <input type="checkbox"/> Diversity Sciences                 |
| <input type="checkbox"/> Community and Prevention Research | <input type="checkbox"/> Statistics, Methods, & Measurement |
| <input type="checkbox"/> Social                            |   |

PROPOSED COURSES TO FULFILL MINOR (Please include Course # and title)

Course #1: \_\_\_\_\_  
Dept./# Course Title

Course #2: \_\_\_\_\_  
Dept./# Course Title

Course #3: \_\_\_\_\_  
Dept./# Course Title

Course #4:\* \_\_\_\_\_  
Dept./# Course Title

\*Note: Current Topics Courses (Brown Bags) must be taken for 2 semester

Special Conditions or Amendments:

_____ Student	_____ Date	_____ Advisor	_____ Date
_____ Major Division Chair	_____ Date	_____ Minor Division Chair	_____ Date
_____ Special Topic Chair	_____ Date	_____ Director of Graduate Studies Date	

After approving the proposed minor, The DGS will forward this form to the Graduate Coordinator who will retain the original for the student's file and return a photocopy to the student.