

E2: MINOR APPROVAL FORM

Students Name: _____ Major Division: _____

Started Program: _____ Today's Date: _____

Note: As of Fall 2020, the minor is optional for all students. However, if a student chooses to complete a Student Designed minor, a justification is still required as a part of the approval.

MINOR AREA: Please check one

Behavioral Neuroscience

Clinical

Cognitive

Community and Prevention Research

Social

Student Designed Curriculum

Special Topics:

Diversity Sciences

Statistics, Methods, & Measurement

Breadth Minor for Clinical

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: Fourth course only required if completing the Clinical Breadth Minor, all other minors only require three courses.

Special Conditions or Amendments:

Student Date Advisor Date

Major Division Chair Date Director of Graduate Studies Date

Special Topic/Minor Division Chair Date

After approving the proposed minor, the Graduate Coordinator will retain this form for the student's file
Rev 9/2020