

Request for Approval of Doctoral Minor

Date: _____

NAME OF STUDENT: _____

gtID: _____

DEPARTMENT OR MAJOR: _____

Major Concentration (e.g. modeling atmospheric chemistry OR microelectronics):

Minor Concentration (e.g. computer simulation OR solid state physics)

The following Courses constitute the minor:

<u>Course Number</u>	<u>Course Description</u>	<u>When Taken</u>	<u>Credit Hours*</u>	<u>Grade</u>	If not taken @ GIT, where taken & what level **

Total Number of Semester Credit Hours *** : _____

- * Credit hours: If taken on a quarter basis, multiply by .67 semester credit hours.
- ** Courses should be graduate level; senior-level courses may be allowed if not in major.
- *** Must total at least nine semester credit hours completed

Approved: _____
Major Advisor [optional]

Date: _____

Approved: _____
Graduate Coordinator

Date: _____

Noted: _____
Graduate Office

Date: _____