

Request for Approval of Doctoral Minor

NAME OF STUDENT: _____ GTID: _____ DATE: _____

SCHOOL OR MAJOR: _____

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

NOTE: Doctoral Minors should be outside of the student's area of specialization and preferably outside of the student's home school/degree program.

The following Courses constitute the minor:

| Course Number | Course Description | Semester Taken | Credit Hours | Grade | If not taken at GIT, where and what level taken? ** |
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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 and must be an overall GPA of 3.0 (b) or higher. No Pass/Fail courses are allowed.

Approved: _____
Major Advisor [Optional]

Date: _____

Approved: _____
School/Program Graduate Director

Date: _____

Noted: _____
Graduate Studies
Vice Provost of Graduate Education and Faculty

Date: _____