

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 @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 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 Affairs

Date: _____