INDIANA UNIVERSITY GRADUATE SCHOOL
Minor in PhD Program
(Please Type)

Name of Student: _____   Univ. ID: _____

Department: _____

Major: _____   Major Advisor: _____

Minor: _____   Minor Advisor: _____

Proposed Courses in Minor Area:

Department:	Course Number:	Title:	Credit Hours:

Comments:

Approved/Minor Advisor: _____   Date: _____

Approved/Major Advisor: _____   Date: _____

Approved/Associate Dean
University Graduate School: _____   Date: _____