## **Request for Approval of Doctoral Minor**

NAME OF STUDENT:			GTID	Date:	
SCHOOL OR MA	JOR:				
Minor Concentration	on (e.g. computer si	imulation OR solid sta	nte physics):		
NOTE: Doctoral I	Minors should be o		100l/degree progra	cation and preferab m. Please attach ju home school/degree	stification for any
The following Cour	rses constitute the n	, ,		S	• 0
Course Number	Course Description	Semester Taken	Credit Hours	Grade	If not taken @GIT, where taken &what level**
Total Number of Se	emester Credit Hou	ırs *** :			
* Credit hours ** Courses sho *** Must total at	s: If taken on a qua uld be graduate leve	rter basis, multiply by el; senior-level course er credit hours complet	s may be allowed if	not in major.	o) or higher. No
Approved:Major	Advisor [optional]			Date:	
		duate Director		Date:	
Noted:	Graduate Studies			Date:	
		duate Education and F	Faculty Affairs		