Doctoral

Minor Program Proposal

Effective Date: April 1, 2020

Chair, DCGS Signature



Your proposal will be reviewed by the Departmental Committee on **Student Information** Graduate Studies and you will be notified of the result. Name Email Thesis Advisor **Thesis Title** Write your current thesis title **Proposed Minor Program Topic Subjects comprising the Minor Subject Title** Units No. Level (U/G) Proposed Completed **Subject Descriptions** Attach copies of subject descriptions of the subjects from the course catalog. Note: all subjects must be taken for a letter grade. P/D/F grades will not be accepted. PE grades will be accepted. **Student Signature** ☐ First Proposal ☐ Revised Proposal Student Signature Date Decision **Notes on Decision** □ Approved ■ Not Approved

Date