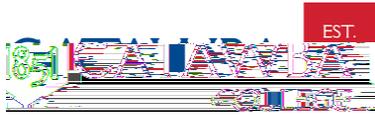




INDIVIDUALIZED MINOR



PROPOSAL FOR AN INDIVIDUALIZED MINOR

Name of Student:

Name and Department of Advisor:

Sponsoring Department:

Title of Individualized Minor:

Minor Courses (18-21 sh): List by course numbers, course titles, and sh credit.
(Identify those courses already completed.)

| | | |
|--------------------------------|------------|---|
| _____ | _____ | Curriculum Committee Action: Approve _____ Date _____ Refer _____ Date _____ Deny _____ Date _____ |
| Student _____ | Date _____ | |
| Advisor _____ | Date _____ | |
| Chair of Sponsoring Dept _____ | Date _____ | |

Endorsements from Departments contributing course(s) to the Individualized Minor:

| | | | |
|------------------------|------------|------------------------|------------|
| _____ | _____ | _____ | _____ |
| Chair/Department _____ | Date _____ | Chair/Department _____ | Date _____ |
| _____ | _____ | _____ | _____ |
| Chair/Department _____ | Date _____ | Chair/Department _____ | Date _____ |