

**GRADUATE MINOR FORM (FOR CNS AND I/O STUDENTS ONLY)**  
**FORM MUST BE SUBMITTED AND APPROVED BEFORE MINOR PROGRAM BEGINS**  
Please refer to Psychology's Graduate Handbook for guidelines.

Date: \_\_\_\_\_

TO: GRADUATE PROGRAM COMMITTEE

SUBJECT: REQUEST FOR APPROVAL OF GRADUATE MINOR

STUDENT: \_\_\_\_\_

Area of Study: (circle one)    CNS                      CNS/CSD Interdisc                      I/O

Proposed Minor: \_\_\_\_\_

Description of Proposed Course of Study (specific courses or work planned; attach syllabi if possible): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected Date of Completion \_\_\_\_\_

Relationship of Minor to Primary Course of Study: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Minor Advisor's Name \_\_\_\_\_ Signature \_\_\_\_\_ Approved \_\_\_\_.

Area Director's Name \_\_\_\_\_ Signature \_\_\_\_\_  
Approved \_\_\_\_.

GRADUATE PROGRAM COMMITTEE ACTION:

Approved \_\_\_\_      Disapproved \_\_\_\_      Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Graduate Program Committee Chair      Date