

Informatics Doctoral Minor Form

Student's Name: _____ IUID: _____

Student's Email: _____ Ph.D. Track: _____

PROPOSED MINOR DEPARTMENT/FIELD: _____

Term/Semester Minor Started: _____ # of Credits Required: _____

***Individualized minor must be approved prior to taking courses.**

Courses To Be Taken for the Proposed Minor Requirement:

Course #	Course Name	Credits	Term/Year	Grade

Student's Advisor's Signature: _____ Date: _____

COMPLETED MINOR DEPARTMENT/FIELD: _____

Term/Semester Minor Completed: _____ # of Credits Required: _____

Courses Taken to Complete the Minor Requirement: Each grade must be a B (3.0) or higher to count towards the Minor.

Course #	Course Name	Credits	Term/Year	Grade

Completed Minor Approvals: * (I verify that the above student has satisfactorily completed the minor requirements)

Minor Field Representative's Name: _____

Minor Field Representative's Signature: _____ Date: _____

Minor Field Director of Graduate Studies' Signature: _____ Date: _____

Director of Graduate Studies, Informatics: _____ Date: _____