A student with special interests not met by any of the established minors or contextual and support areas may submit a proposal for an individualized minor, with approval from the student's major advisor, the faculty members from disciplinary areas related to the proposed minor, and the Dean of Faculty. An individualized minor must meet these criteria: the capabilities of the student and the resources of the institution must be sufficient to sustain the intended minor; the minor must be approved by the end of the student’s fifth semester or its equivalent; and the minor must meet all the goals and expectations of the concept of a minor (e.g., minimum of 18 semester hours).

Student’s Name:_______________________________ ID#:____________________

Current Class (please circle one):  FR  SO  JR  SR  Anticipated Date of Graduation (Month/Year):___________

I hereby apply for approval of an Individualized Minor in _____________________________

Accordingly, I propose the following courses (a minimum of 18 semester hours):

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<tr>
<th>DEPT</th>
<th>COURSE NO.</th>
<th>COURSE TITLE</th>
<th>DEPARTMENT APPROVAL</th>
<th>CREDIT HOURS</th>
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</table>

Justification provided by the student: (This space is provided below to be used by the student to provide justification for the course combination proposed.)

__________________________________________________________________________________________________
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Comments by Faculty Advisors:

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Student’s Signature:_________________________________________ Date:__________________________________

Advisor’s Signature:_________________________________________ Date:__________________________________

Dean of Faculty Signature:____________________________________ Date:__________________________________