CENTER FOR GRADUATE STUDIES

GRADUATE MINOR COURSE PROGRAM

**Student’s Name:**       **ID#:**

1. **Course Program** (course #, credits and semester)

**Courses counting to NMT Graduate Minor** (do not include classes that have been used for an undergraduate program; courses may be used for a separate graduate degree in a different discipline)**:**

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| Course # | **Course title** | Credits |  Semester **(taken/planned)** | **Leave blank** |
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List Catalog year to be used for completion of Minor requirements:

Graduate Minor:

Minor Advisor's Acceptance Date:

Academic Advisor's Acceptance Date:

**II. All Requirements Completed**:

Minor Department Chairperson Date:

Graduate Dean Date: