



Ph.D. Minor Agreement Form  
Department of Nutritional Sciences

Student Name: \_\_\_\_\_

Student ID number: \_\_\_\_\_

Emphasis Group: \_\_\_\_\_

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

Option A: Specific Minor

Option B: Distributed (courses from two or more departments)

**List Minor Courses:**

Department Name	Course Number	Course Description	Credits	Grade	Semester/Year Taken
(i.e., Statistics	932-571	Statistical Methods for Bioscience 1	4	A	Fall, 2000)

\_\_\_\_\_  
*Signature: Major Professor*

\_\_\_\_\_  
*Signature: Minor Professor (Option A)*

\_\_\_\_\_  
*Signature: Program Director (Option B: Distributed)*