**PHS MS/PhD Graduate Programs**

**PhD Minor Agreement Form**

Student Name: _____________________________  Student ID: ________________

Student Email: _____________________________  Phone #: _______________________

**Option A: External**

Minimum 9 credits in one department (i.e. Statistics, Sociology, etc.)

*(Requires approval of minor department)*

Minor: ______________________________________

**Option B: Distribute**

Requires a minimum of 9 credits of course work in two or more departments and can include course work in the major department. A distributed minor should have a cohesive focus. Selection of this option requires the approval of your advisor and the major department.

Please explain the focus of your distributive minor: ___________________________________________

____________________________________________________________________________________

<table>
<thead>
<tr>
<th>Dept. Name</th>
<th>Course #</th>
<th>Course Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Sem/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Option A:** ____________________________  Date: _______________________

*(Signature of Minor Dept advisor)*

**Option B:** ____________________________  Date: _______________________

*(Signature of the Graduate Program Coordinator)*

*This original form must be filed with the MS/PhD Graduate Programs Office (744 WARF)*

Rev. 08/2019