

**DEPARTMENT OF GEOGRAPHY
PH.D. MINOR APPLICATION**

Student Name: _____

University ID #: _____

Student Doctoral Program: _____

Geography Minor Advisor: _____

Expected Graduation Date: _____

Campus Address: _____

Phone #: _____ E-mail: _____

Requirements for completing a MINOR in GEOGRAPHY: 9 credit hours

Courses taken for MINOR:

Course #	Name of Course	No. of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Advisor (DOES / DOES NOT) (circle one) waive participation in a minor qualifying exam or the comprehensive exam in the students major degree program.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Approved: _____ Date: _____

Academic Advisor or Chairperson of Geography Department