**Biology Department**

EEB Graduate Program (PhD)

PH.D. MINOR APPLICATION

|  |  |
| --- | --- |
| Student’s Name: |  |
| University ID#: |  |
| Students Doctoral Major Program: |  |
| Students Doctoral Minor Program: |  |

**Requirements for completing an EEB MINOR within Department of Biology : 6 credit hours\***

**Courses taken for EEB MINOR:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course#** | **Semester** | **Name of Course** | **No. of Hours** | **Grade** |
|  |  |  |  |  |
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|  |  |  |  |  |

\*If courses that were transferred in were used, please also submit approval memo from the EEB Graduate Program Director

|  |  |
| --- | --- |
| Student’s Signature | Date: |
| EEB Minor Advisor's Signature: | Date: |
| EEB Program Director’s Signature: | Date: |
| Approved by  (Director of Grad Studies) | Date: |

**Contacts:**

EEB Graduate Program Director: [eebgpd@indiana.edu](mailto:eebgpd@indiana.edu)

Biology Graduate Advisor: [biogrdav@indiana.edu](mailto:biogrdav@indiana.edu)

Biology Director of Graduate Studies: [biodgs@indiana.edu](mailto:biodgs@indiana.edu)

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