UNIVERSITY OF WISCONSIN-EAU CLAIRE
COLLEGE OF NURSING AND HEALTH SCIENCES
TOPICAL MINOR

Name_____ UWEC ID#_____

Major_____ Other minor (if any)_____

Credits Earned to Date_____Credits enrolled in this semester_____ Anticipated Date of Graduation_____

Title of Proposed Minor _____

Topical Minor Adviser _____

Briefly summarize your reasons for choosing the topical minor that you are presenting for approval. Then concisely describe your proposed minor and state how the courses chosen are related to your scholarly objective.

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_____

List all of the courses you plan to use for the topical minor.

Department	Course #	Title	Credits	Grade	Semester/Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Student's Signature _____ Date_____

Topical Minor Advisor's Signature _____ Date_____

Major Program Department Chair (or representative)_____ Date_____

School Granting the Topical Minor: Approved_____ Denied_____

_____ Date_____
(Dean or Representative)

School Granting the Degree *(if different than School granting minor)*: Approved_____ Denied_____

_____ Date _____

Revised 5/07
S:\Dean's Office\forms\Topical Minor