Indiana University Bloomington
Department of Information
and Library Science
Ph.D. Outside Minor Approval Form

Student Name ___________________________ Student ID# ____________

Minor Area ________________________________

Minor Area Department ________________________________

Minor Area Advisor (please print) ________________________________

(signature of minor advisor / date) ____________________________ (e-mail address)

Minor Area Courses* (usually 12-15 semester hours):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Course Number and Title
The Ph.D. Outside Minor Approval Form must be approved by the chair of the student’s advisory committee and submitted with the Program of Study at the end of the Spring semester of the first year of doctoral coursework.

________________________________________________________________________

(signature of advisory committee chair) ____________________________ (date)

*Changes and/or additions to minor area coursework must be initialed and dated by the minor advisor and the chair of the student’s advisory committee.

Submit completed form to the ILS Ph.D. Recorder, 011 Wells Library, Bloomington.

Rev 2014-08