## Ph.D. Minor PLAN OF STUDY

## **Dept. of Atmospheric Sciences**

Print, fill, and submit the completed form to the ATMO Graduate Studies Office (PAS 542) during the first semester of study.

Name:						
Student ID:	Hom	ne Phone:		Office Phone:		
Address & Zip Code:						
E-Mail Account:						
Major and Expected Gradu	nation Date:					
Faculty Advisor:						
Student Signature:				Date:		
Faculty Advisor Approval:				Date:		
Minor Advisor Approval: _				Date:		
Director of Graduate Studies Approval:				Date:		
	11					
ATMO coursework must add t	up to 12 credits a	nd must includ	e the require	ed course ATMO 536a.		
ATMO Coursework:			_			
Department, Course Number, and	l Title			Semester and Year	Units	Grade
				I .		
Coursework completed:		_				
	Date					
Minor Exam:	☐ Passed	☐ Failed	☐ Waiv	ved (Reason)		
Date						
Name Minor Advisor/Director	of Graduate Stud	dies	Signatur	e		