

**Methods Minor Declaration**

Students who wish to complete a methods minor must submit this form to the Director of Graduate Study by end of the third semester in residence.

Student Name	Student UNI	Date Submitted
--------------	----------------	----------------

Student's Adviser

List four courses that will satisfy the minor course requirements, one of which must be equivalent in scope to the department's field surveys

First Course Number and Title	Grade, if completed
Second Course Number and Title	Grade, if completed
Third Course Number and Title	Grade, if completed
Fourth Course Number and Title	Grade, if completed

Please provide the topic of the original research paper, along with the names of the three faculty members who will review the paper and participate in the oral defense. Students who plan to take the Methods Minor exam, please indicate that below.

**Approvals**

First Adviser/Examiner Name	First Adviser Signature
Second Adviser/Examiner Name	Second Adviser Signature
Third Adviser/Examiner Name	Third Adviser Signature
Methods Coordinator Approval/Date	DGS Approval/Date