

SCHOOL OF CHEMICAL & BIOMOLECULAR ENGINEERING
PROPOSED PhD MINOR PROGRAM OF STUDY APPROVAL FORM

NAME OF GRADUATE STUDENT: _____

NAME OF THESIS ADVISOR: _____

THESIS ADVISOR SIGNATURE: _____

COURSE#

TITLE OF COURSE

CREDIT HOURS

STATEMENT OF COHESIVENESS:

DATE APPROVED BY
ChBE GRADUATE COORDINATOR: _____