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

NAME OF GRADUATE STUDENT: __________________________________________

NAME OF THESIS ADVISOR: ____________________________________________

THESIS ADVISOR SIGNATURE: __________________________________________

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<th>COURSE#</th>
<th>TITLE OF COURSE</th>
<th>CREDIT HOURS</th>
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STATEMENT OF COHESIVENESS:

DATE APPROVED BY
ChBE GRADUATE COORDINATOR: ________________________________________