University of Central Missouri

**INDIVIDUALIZED STUDIES MINOR PROPOSAL**

**Date:** ,201 **Drawn up by:**

**Student Name:**  **Student Number:** 700 **Catalog Year:** (Ex:201810 – Fall 2017)  
**Degree:** (Ex: B.S. or B.A.) **Major: (**?) **Minor:** ? **-** Individualized Minor

**Graduation Semester:** (Ex: 201820 – Spring 2018)

In addition to meeting all university graduation requirements (general education, hours, residency, grade point averages, etc.), the Individualized Minor Curriculum must include the following:

* A minimum of 20 minor credit hours overall, 9 of them completed at UCM
* A minimum of 1 hour of upper level in the minor, completed at UCM

**Minor Curriculum:**

**Total Hours:** ?? hours

**Semester Course Prefix/Number Title Grade Hours**

I understand the following:

* My transcript will show that I have earned a minor in (name of minor): Individualized Minor.
* I accept full responsibility for this Individualized Studies proposal and understand that it does not guarantee acceptance outside of UCM.

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Student Signature Date College Dean Signature Date

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Student Email Print Name (College Dean)

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Student Street Address

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Student City/State/Zip Office of the Registrar and Student Records Date

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Department Faculty Signature Date Vice Provost for Academic Programs and Services Date

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Print Name (Faculty)

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Department Chair Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name (Department Chair)