



# Revelle College Independent Project Minor

Name _____	GPA _____
PID _____	Total Units Completed _____
UCSD Email Address _____	Units Needed to Complete Minor _____
	Date _____

Title of Project Minor: \_\_\_\_\_

**Lower Division Courses For Project Minor:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Upper Division Courses For Project Minor (Course Number and Title Of Course)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Revelle College Use**

Comments: _____			
_____			
APPROVAL OF PROJECT MINOR		APPROVAL/DISAPPROVAL OF PROJECT MINOR	
_____		_____	
DEPARTMENT ADVISOR	DATE	REVELLE COLLEGE	DATE