



**UNIVERSITY OF PENNSYLVANIA  
SCHOOL OF NURSING**  
Application for Undergraduate Cluster/Minor

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**NAME:** \_\_\_\_\_

**Advisor's Name:** \_\_\_\_\_

**Minor:** \_\_\_\_\_ **School:** \_\_\_\_\_

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**Please list the courses that you will be taking to complete the minor in this subject and when you expect to take each course.**

	<u>Course</u>	<u>Semester &amp; Year</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____

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**Approved:** \_\_\_\_\_

(Departmental Advisor)

**Approved:** \_\_\_\_\_

(Nursing Advisor)

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_