



**UNIVERSITY OF PENNSYLVANIA
SCHOOL OF NURSING
Application for Minor at the Masters Level**

NAME: _____ **PENN ID:** _____

MSN Program(s): _____

Minor: _____ **Exp. MSN Grad Date:** _____

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 & Year</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Student Signature: _____ **Date:** _____

_____ **Date:** _____

(Signature of Minor Program Director)

_____ **Date:** _____

(Signature of MSN Program Director)

_____ **Date:** _____

(Signature of Graduate Academic Affairs Representative)

FOR STUDENT INFORMATION OFFICE USE ONLY:

Entered by: _____ **Date** _____