



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

NAME: _____

Faculty Advisor's Name: _____

Minor: _____ School: _____

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.	_____	_____
7.	_____	_____
8.	_____	_____

Approved: _____
(Departmental Advisor)

Approved: _____
(Faculty Advisor)

Student Signature: _____

Date: _____