

**APPLICATION FOR AN INDIVIDUALLY DESIGNED  
DISTRIBUTED MINOR (IDDM)**

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**TO BE COMPLETED BY THE STUDENT**

In consultation with my Advisor, I have reviewed my options with regard to departmental minors, and have determined there are no suitable alternatives to an individually designed distributed minor (IDDM). *A rationale statement describing the substance and coherence of this minor program is attached, along with a list of the courses (dept., course number, title, instructor, and # of units) to satisfy the minor.* I have also updated my Graduate Study Program (GSP) to reflect these courses and have had it signed by my advisor.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**APPROVALS**

\_\_\_\_\_ **Approved** as is.

\_\_\_\_\_ **Approved** with suggested modifications.

\_\_\_\_\_ **Not Approved.** (Please attach a memo explaining whether there are steps the student can take to make this an acceptable minor).

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date