Intent to Enroll in Graduate Minor in Bioethics

NAME _______________________________ DATE ____________

ADDRESS _______________________________

E-MAIL _______________________________

MAJOR FIELD ___________________________

DEGREE SOUGHT: ☐ MASTERS ☐ PhD

ADVISER’S NAME ___________________________

Email ___________________________ Phone ______________

ADDRESS _______________________________

Educational Background
(Please indicate degrees received, major areas of study, coursework in ethical theory, bioethics, and relevant interdisciplinary studies.)

Other Relevant Experience
Statement of Purpose
Indicate areas of interest in bioethics and career objectives.
Continue on separate page, if necessary.

Proposed Plan of Study for Minor in Bioethics

<table>
<thead>
<tr>
<th>Courses</th>
<th>Semester</th>
<th>Year</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please include a copy of your notification of admission to your degree-granting department as well as copies of relevant transcripts. After approval from the Director of Graduate Studies, the degree program form must be filed with the graduate school declaring a bioethics minor.

Email form to: bthxed@umn.edu

Or mail or fax to:
Director of Graduate Studies
Center for Bioethics
University of Minnesota
410 Church Street SE, N504 Boynton
Minneapolis, MN 55455-0346
Fax: (612) 624-9108

Website: www.bioethics.umn.edu

Director of Graduate Studies Signature

Date