



Religious Studies Program
UNIVERSITY OF WISCONSIN-MADISON

PhD Minor Certification Form

Student name: _____ Campus ID: _____

Student email: _____

PhD Department: _____

PhD Major Advisor: _____

Religious Studies courses taken to complete the minor:

<u>Course number/title</u>	<u>Credits</u>	<u>Grade</u>	<u>Semester/Year</u>
1.			
2.			
3.			
4.			

Please attach campus transcript showing completion of courses and grades.

Student Signature

Date

PhD Major Advisor

Date

Religious Studies Director

Date

Copies to: Religious Studies office, Major Department office, student