

Ph.D. MINOR

(For Minor Areas of Study *outside* of the College and Graduate School of Education)

This certifies that _____, a Ph.D. student in the
(Student's Name)

College and Graduate School of Education, Health, and Human Services

has successfully completed the requirements for the minor

area of study in _____.
(Department or Area)

/s/ _____
(Signature of Minor Adviser)

(Date)

Please return this form to:

College and Graduate School of Education,
Health, and Human Services
Office of Graduate Student Services
418 White Hall
Kent State University
Kent, OH 44242-0001