

## Intent to Complete A PHD MINOR IN CLINICAL INVESTIGATION

Last Name

Complete and submit to **Deidre Vincevineus (vincevineus @wisc.edu)** with your biosketch or a one- to-two-page resume attached.

Major Advisor Signature		Date	THE UNIVERSITY WISCONSIN
<del>-</del>			
Student Signature		Date	
Course names and numbers (9 credits)	Semester/year	to be taken	
* Review Clinical Investigation, Doctoral Minor course requirem			
* Thank you for adding clinical and translational science breadtl	h to your major curriculum.		
PROPOSED COURSES TO COMPLETE THE MINOR:  * No course credits that count toward the major can count toward the minor.			
Major		-	
UW Student ID		-	
Phone		_	
Email Address		-	
Middle Initial		-	
First Name			