

# SCPD Minor - Course Consent Form

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## YOUR CONTACT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

ID Number \_\_\_\_\_ Advisor \_\_\_\_\_

Year \_\_\_\_\_

Primary Major \_\_\_\_\_

Secondary Major \_\_\_\_\_

Additional majors or minors \_\_\_\_\_

Are you premed? \_\_\_\_\_

**If you are not majoring in a biological or physical science or in PME, and would like a waiver of the scientific skills requirement, list the science course above your general education requirements here:**

### Required Courses

Course	Date taken / expected
<b>SCPD 11800 Introduction to the Field of Science Communication</b>	

### Elective Courses

Course	Date taken / expected

### Scientific Skills Course (if needed)

Course	Date taken / expected

**If no scientific skills course is listed, list the science major or the additional science course (for non-science majors) that you base this waiver request on.**

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Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Program Director \_\_\_\_\_