



THE UNIVERSITY OF ARIZONA
COLLEGE OF SCIENCE

LUNAR & PLANETARY LABORATORY

Astrobiology Minor Program Approval

Return this form to Amy Brenton, Kuiper 321.

Name _____ Date _____

Home Department _____ SID _____

I intend to complete the following courses (minimum of 9 units) to fulfill the Astrobiology requirements for a minor area of study:

Course number	Course title	Units / Grade	Sem/Year completed

Approved by:

Minor Advisor Date

PTYS Graduate Coordinator Date