



UNIVERSITY OF MINNESOTA

*Center for Bioethics*

### Intent to Enroll in Graduate Minor in Bioethics

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

MAJOR FIELD \_\_\_\_\_

DEGREE SOUGHT:  MASTERS  PhD

ADVISER'S NAME \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

ADDRESS \_\_\_\_\_

### **Educational Background**

(Please indicate degrees received, major areas of study, coursework in ethical theory, bioethics, and relevant interdisciplinary studies.)

### **Other Relevant Experience**

**Statement of Purpose**

Indicate areas of interest in bioethics and career objectives.  
Continue on separate page, if necessary.

**Proposed Plan of Study for Minor in Bioethics**

Courses	Semester	Year	Credits

Please include a copy of your notification of admission to your degree-granting department as well as copies of relevant transcripts. After approval from the Director of Graduate Studies, the degree program form must be filed with the graduate school declaring a bioethics minor.

Email form to: [bthxed@umn.edu](mailto:bthxed@umn.edu)

Or mail or fax to:

Director of Graduate Studies  
Center for Bioethics  
University of Minnesota  
410 Church Street SE, N504 Boynton  
Minneapolis, MN 55455-0346  
Fax: (612) 624-9108

Website: [www.bioethics.umn.edu](http://www.bioethics.umn.edu)

Phone: (612) 624-9440

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Director of Graduate Studies Signature

Date