



ICTR

UW Institute for Clinical and Translational Research

Intent to Complete A PHD MINOR IN CLINICAL INVESTIGATION

Complete and submit to **sally.wedde@wisc.edu** with your biosketch or a one-to-two-page resume attached.

Last Name _____

First Name _____

Middle Initial _____

Email Address _____

Phone _____

UW Student ID _____

Major _____

Major Advisor _____

PROPOSED COURSES TO COMPLETE THE MINOR:

* No course credits that count toward the major can count toward the minor.

* Thank you for adding clinical and translational science breadth to your major curriculum.

Course name and number

Semester/year to be taken

Biostatistics and Medical Informatics 541 (3 cr, Fall)

Biostatistics and Medical Informatics 542 (3 cr, Spring)

Student Signature _____ Date _____

Major Advisor Signature _____ Date _____



THE UNIVERSITY
of
WISCONSIN
MADISON

UW ICTR Partners

School of Medicine and Public Health • School of Nursing • School of Pharmacy • School of Veterinary Medicine • College of Engineering • Marshfield Clinic