

Application for Public Health Minor

Complete application and submit to the Registrar's Office, Blow Hall, Room 240. *Retain a copy for your records.*

Name _____ Student ID Number _____ Phone _____

Expected Graduation Date (month/year) _____ Email _____ Major _____

List only courses you will count toward your minor

Public Health Minor Track: _____					
Department	Course Number	Course Title	Credit Hours	Completed? In Progress?	Semester taken/plan to take
KINE	280	Foundations of Public Health	3		
KINE	270	Foundations of Epidemiology	3		
PBHL	410	Public Health Minor Capstone	1		
Total Credit Hours					

Please describe how you propose to complete the Experiential Learning Activity (ELA) requirement. If you do not know what you will do for your ELA, please write (and commit) "I will email Prof Menefee for pre-approval of my ELA before I begin it"

Semester/ Summer you plan to complete the ELA: _____ Semester you plan to take PBHL 410: _____

Approved by Public Health Minor Director (Menefee) _____ Date _____