

**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 \_\_\_\_\_@email.wm.edu Major \_\_\_\_\_

*List only courses you will count toward your minor*

Public Health Minor Track: _____					
Department	Course Number	Course Title	Credit Hours	Completed/In Progress/ Planned for Future	Semester of Completion
KINE	280	Foundations of Public Health	3		
KINE	270	Foundations of Epidemiology	3		
PBHL	410	Public Health Minor Capstone	1		
Total Credit Hours					

<p><b>How do you propose to complete the Experiential Learning Activity (ELA) requirement?</b>                  (If you need support identifying an ELA, see Prof. Menefee or Prof. Scott.)</p>	
Semester/ Summer you plan to complete the ELA: _____	Semester you plan to take PBHL 410: _____

Approved by Public Health Minor Co-Director (Scott, Menefee) \_\_\_\_\_ Date \_\_\_\_\_