

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	400	Public Health Minor Capstone	1		
Total Credit Hours					

<p>How do you propose to complete the Experiential Learning Activity (ELA) requirement? (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 400: _____

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