

# Election of Minor

## Health Promotion (15 hours)

### 2016-2017 Catalog

Name \_\_\_\_\_ I.D. Number \_\_\_\_\_

Planned Degree Completion Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Major: \_\_\_\_\_

<b>Required Courses</b>	<b>Hours</b>	<b>Target Completion</b>
Do not write in this column		
<input type="checkbox"/> ESAT 103 Foundations of Health, Physical Education & Sport Sciences	2.0	_____
<input type="checkbox"/> ESAT 262 Health Concepts	2.0	_____
<input type="checkbox"/> ESAT 264 Health Promotion	2.0	_____
<input type="checkbox"/> ESAT 333 Adolescent Health Applications	3.0	_____
<input type="checkbox"/> ESAT 366 Health and Fitness for Children	3.0	_____

Three hours electives selected in consultation with advisor from: ESAT 200, 276, 339, 343; SOC 333.

<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____

Explain transfer, situations, or other irregularities:

Advisor signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair signature \_\_\_\_\_ Date \_\_\_\_\_

*I understand I have final responsibility for monitoring my graduation requirements*

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to the Office of the Registrar**