

Election of Minor
Health Promotion (15 hours)
 2017-2018 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____

Major: _____

| Required Courses | Hours | Target Completion |
|----------------------------------------------------------------------------------------------|--------------|--------------------------|
| 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