

**Election of Minor**  
**Health Promotion (15 hours)**  
2018-2019 Catalog

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

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

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

**Required Courses**

Do not write in this column

		<b>Hours</b>	<b>Target Completion</b>
<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.

\_\_\_\_\_

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**