

**Election of Minor**  
**Health Communication** (21 hours)  
2020-2021 Catalog

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

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

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

**Required Courses**

Do not write in shaded area

		<b>Hours</b>
<input type="checkbox"/>	COMM 220 Introduction to Health Communication	3.0
<input type="checkbox"/>	COMM 233 Health Literacy	3.0
<input type="checkbox"/>	COMM 256 Intercultural Communication	3.0
<input type="checkbox"/>	COMM 327 Cultural and Health Disparities	3.0
<input type="checkbox"/>	COMM 360 Communication Ethics and Free Speech	3.0

**Complete one of the following courses:**

<input type="checkbox"/>	COMM 241 Community Health Work	3.0
<input type="checkbox"/>	COMM 344 Listening: A Relational Approach to Sales	3.0
<input type="checkbox"/>	COMM 370 Research Methods	3.0
<input type="checkbox"/>	ECON 240 Health Economics	3.0
<input type="checkbox"/>	SOWK 350 Policy and Practice Issues in Social Welfare	3.0

Explain transfer, substitutions, 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**