

Election of Minor
Health Promotion (15 hours)
 2015-2016 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"/> ESS 103 Foundations of Health, Physical Education & Sport Sciences	2.0	_____
<input type="checkbox"/> ESS 262 Health Concepts	2.0	_____
<input type="checkbox"/> ESS 264 Health Promotion	2.0	_____
<input type="checkbox"/> ESS 333 Adolescent Health Applications	3.0	_____
<input type="checkbox"/> ESS 366 Health and Fitness for Children	3.0	_____

Three hours electives selected in consultation with advisor from: ESS 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