

# (25040) -HEALTH EDUCATION MINOR (Total 18 Credits)

## OFFICE OF THE REGISTRAR

NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

ID#: \_\_\_\_\_

MINOR in: \_\_\_\_\_

SEMESTER HOURS REQUIRED: \_\_\_\_\_

### REQUIRED COURSE

Department & Number	Course Title	Semester Hours	Grade or Projected Semester
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### ELECTIVE COURSE:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MINOR PROGRAM APPROVED BY: \_\_\_\_\_  
(DEPARTMENT ADVISOR'S SIGNATURE)