

Declaration Declaration form: to be completed on first declaring a major. Audit form: to be completed before entering the baccalaureate year.
 Audit *The Audit form is one of three*

Name (Please Print) _____ ID# _____ Current Faculty Advisor _____
 Major (if declared) _____ Disciplinary Interdisciplinary
 Check one: First minor *from the Catalogue or Guide to Majors and Minors*
 Second minor
 Change of minor, old minor _____

Health Care Professions in the 21st Century minor

interdisciplinary, 6 courses

All 6 courses must be unique to the minor. All courses for the minor must be completed with a grade of C- or better. No more than three 100-level courses should be used to satisfy the minor. This is an interdisciplinary minor for students preparing for professional or graduate training in a health care specialty. The minor is particularly suited for students majoring in a natural science who wish to take a suite of interdisciplinary courses that will provide them with perspectives from the social sciences and humanities on health care and related topics. If your major is not in the sciences, you should strongly consider taking a few science courses related to health care (such as biology or chemistry) in addition to the requirements of the minor. More details about the minor can be found at www.hws.edu/academics/curr_health_minor.aspx.

Check if unique	Check if completed	Planned semester	Course	Notes, substitutions, etc.
2 courses from Tier 1				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
1 additional course from Tier 1 or GGH Internship or EMT Certification				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<i>Internship/Certification Completion:</i> _____				
3 additional courses from Tier 1 or Tier 2				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Comments:

Minor Certification

We agree that the successful completion of the program of courses indicated above will constitute an acceptable minor. (Compliance with uniqueness rules and other requirements to be confirmed by Registrar.)

Student Signature _____ Date _____
 Minor Advisor Signature _____ Date _____
 Department or Program Chair Signature _____ Date _____