

Major Declaration and Audit Form

Declaration Declaration form: to be completed on first declaring a major. Audit form: to be completed before entering the senior year.

Audit

 Name (please print) ID# Current Faculty Advisor

Major Advisor _____ Primary major advisor? First major Second major

If changing your major, what was your old major? _____ HO WS Anticipated Grad Date: _____

Public Health Studies BA interdisciplinary, 12 courses

At least 6 courses must be unique to any major. All courses for the major must be completed with a grade of C- or better. Credit/No credit courses cannot be counted toward the major. No more than three 100-level courses may be used, and at least two courses, in addition to the capstone, must be at 300- or 400-level.

Check if unique	Check if completed	Planned semester	Course	Notes, substitutions, etc.
Public Health Introductory course:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	PBHL 100	_____
Public Health Epidemiology course (PBHL 201 or PBHL 301):				
<input type="checkbox"/>	<input type="checkbox"/>	_____	PBHL _____	_____
GSIJ 204 Politics of Health:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	GSIJ 204	_____
Senior Capstone:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	PBHL 400	_____
One Tools course:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Three Public Health Core electives in at least two different divisions:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Three electives from a single concentration, indicated here: _____				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
One additional course from any of those listed for the major:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Comments:

Major Certification

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

Student signature _____ Date _____

Major Advisor signature _____ Date _____

Department or Program Chair signature _____ Date _____