

Name: \_\_\_\_\_ SJSU ID \_\_\_\_\_

Home Dept./Major: \_\_\_\_\_ Graduation Term: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

- **STUDENT should meet with CAHP ADVISOR to establish a CAHP MINOR.**
- **REQUIREMENTS FOR THE MINOR or CERTIFICATE, 15 UNITS (consult HPRF advisor for course selections).**
- **REQUIRED COURSES (9 UNITS): HPRF 134, HPRF 135, and one additional course from the required courses section.**
- **ELECTIVE COURSES (6 UNITS): Select two courses from two different areas in the elective courses section.**

*Note: If coursework is taken at another college, please indicate the course prefix, course number, and institution name.*

Course Prefix & No.	Course Title	Units	Grade	Term Taken & Comments (if any)
<b>REQUIRED COURSES (9 units)</b>				
HPRF 134	Complementary and Alternative Health Practices	3		
HPRF 135	Health Issues in a Multicultural Society	3		
Choose one of the following:				
ANTH 108	Medical Anthropology	3		
BIOL 54	Human Understanding	3		
PHIL 111	Medical Ethics	3		
<b>ELECTIVE COURSES (6 units): Choose from two different areas</b>				
PHIL 111	Medical Ethics	3		
ANTH 108	Medical Anthropology	3		
RELS 122	Magic, Science, and Religion	3		
RELS 123	Body, Mind, and Spirit	3		
KIN 69	Stress Management	3		
HRTM 197	Facilitation Processes in Therapeutic Recreation	3		
BIOL 54	Human Understanding (if not taken in core)	3		
NUFS 104A	Cultural Aspects of Food	3		
NUFS 105	Current Issues in Nutrition	3		
KIN 50	Tai Chi	1		
KIN 61A	Beginning Hatha Yoga	1		
HPRF 180	Individual Studies	1-5		

**Substitution Details:**

Course(s) Originally Listed (as above)			Course(s) Actually Taken				
Course Prefix & Number	Name of Institution	Units	Course Prefix & Number	Name of Institution	Term Taken	Units	Grade

Approved: Health Professions Advisor \_\_\_\_\_ Date: \_\_\_\_\_

Approved: Health Professions Director \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: 1) Student, 2) Major Department (student delivers), and 3) Office of the Registrar (student delivers sealed original).