



**Department of Health Science**  
**MAJOR FORM**  
**B.S. in Health Science (“Option 1”)**

Name:		Student ID:	
Address:			
City, State Zip			
Phone number:		Email:	

<u>Dept</u>	<u>MAJOR CORE COURSES</u>	<u>Units</u>	<u>Sem/ Yr</u>	<u>Grade</u>	<u>Dept</u>	<u>PREPARATION COURSES</u>	<u>Units</u>	<u>Sem /Yr</u>	<u>Grade</u>
HS 102	Health Team Building	3			HS 1	Understanding Your Hlth	3		
HS 104	Community Hlth Promo	3			HS 15	Human Life Span	3		
HS 135	Hlth Issues / Multicult	3			HS 67	Intro Health Statistics	3		
HS 158	Health and the Internet	3			<b>Total Prep. Units: 9</b>				
HS 159	Health Program Planning	3			<b>MAJOR ELECTIVES (w/approval)</b>				
HS 161	Epidemiology	3					3		
HS 162	Hlth Care Org and Admin	3					3		
HS 164	Hlth & Social Marketing	3					3		
HS 165	The Health Professional	3					3		
HS 167	Biostatistics	3					3		
<b>Total Major Core Units:</b>		30					3		
							3		
					<b>Total Approved Electives:</b>		21		

**TOTAL UNITS REQUIRED FOR DEGREE: 120**

**Course substitutions, if any.** (This section is to be completed by Major Advisor.)

1. Substitute \_\_\_\_\_ for \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_
2. Substitute \_\_\_\_\_ for \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_
3. Substitute \_\_\_\_\_ for \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_
4. Substitute \_\_\_\_\_ for \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Checked by Advisor – Signature \_\_\_\_\_ DATE \_\_\_\_\_

Approval & Signature of Department Chair \_\_\_\_\_ DATE \_\_\_\_\_