



**Department of Health Science**  
**MAJOR FORM**  
**B.S. in Health Science with a Minor (“Option 2”)**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Minor: \_\_\_\_\_

<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 Health	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>MINOR approved:</b> <b>Total Minor Units: 12-18</b>				
HS 161	Epidemiology	3							
HS 162	Hlth Care Org and Admin	3							
HS 164	Hlth & Social Marketing	3							
HS 165	The Health Professional	3							
HS 167	Biostatistics	3							
<b>Total Core Units:</b>		30							

**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 \_\_\_\_\_