



**Department of Health Science  
MAJOR FORM**

**B.S. in Health Science with Concentration in Gerontology (“Option 3”)**

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:</b>	9		
HS 159	Health Program Planning	3				<b>GERO CONCENTRATION COURSES</b>			
HS 161	Epidemiology	3			GERO 107	Aging and Society	3		
HS 162	Hlth Care Org and Admin	3			GERO 108	Health in Later Life	3		
HS 164	Hlth & Social Marketing	3			GERO 117	Soc Pol & Serv Aging	3		
HS 165	The Health Professional	3			GERO 118	Long Term Care	3		
HS 167	Biostatistics	3			GERO 122	Women 2 <sup>nd</sup> Half Life	3		
	<b>Total Core Units:</b>	30			HS 166A	Field Exp. Seminar	3		
					HS 166B	Field Experience	3		
						<b>Total Concentration Units:</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 \_\_\_\_\_