



San José State
UNIVERSITY

Department of Health Science MINOR FORM

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

Select **one (1)** of the following prerequisite courses:

Dept	Required Courses for Minor	Units	Sem/Yr	Grade
HS 1 or HS 15	Understanding Your Health or Human Life Span	3		

Select **four (4)** from the following courses:

Dept	Course	Units	Sem/Yr	Grade
HS 102	Team Building			
HS 104	Community Health Promotion			
HS 135	Health Issues in a Multicultural Society			
HS 158	Health and the Internet			
HS 159	Health Program Planning			
HS 161	Epidemiology			
HS 162	Health Care: Organization & Administration			
HS 164	Health Services and Social Marketing			
HS 165	The Health Professional			
HS 167	Biostatistics			
HS 170	Health Care Economics			
HS 171	Managed Health Care			
GERO 107	Aging and Society			
GERO 108	Health in Later Life			
GERO 117	Social Policy & Services in Aging			
GERO 118	Long Term Care Services			
GERO 122	Women in the 2 nd Half of Life			

Total units for the minor

15

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

1. Substitute _____ for _____ Initials _____ Date _____

2. Substitute _____ for _____ Initials _____ Date _____

Checked by Advisor – Signature _____ DATE _____

Approval & Signature of Department Chair _____ DATE _____