



Health Science Department  
**MAJOR FORM**  
**B.S. IN HEALTH SCIENCE WITH**  
**CONCENTRATION IN GERONTOLOGY (OPTION 3)**

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Minor \_\_\_\_\_

Dept	MAJOR CORE COURSES	Units	Sem/ Yr	Grade	Dept	PREPARATION COURSES	Units	Sem /Yr	Grade
HS 102	Health Team Building	3			HS 1	Understanding Your Hlth	3		
HS 104	Community Hlth Promo	3			HS IS	Human Life Span	3		
HS 135	Hlth Multicult Soc	3			HS 67	Intro. Health Statistics	3		
HS 158	Health and the Internet	3				<b>Total Prep. Units:</b>	<b>9</b>		
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 in Aging	3		
HS 165	The Health Professional	3			GERO 118	Long Term Care Svcs	3		
HS 167	Biostatistics	3			GERO 122	Women in 2 <sup>nd</sup> Half of Life	3		
	<b>Total Core Units:</b>	<b>30</b>			HS 166A	Field Exp. Seminar	3		
					HS 166B	Field Experience	3		
						<b>Total Concentration Units:</b>	<b>21</b>		

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

Effective Fall 2005

Revised 8/15/06