

College of Health and Social Services

**Minor in Public Health**

Student's Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_  
 NMSU Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Academic Major: \_\_\_\_\_ Major Advisor: \_\_\_\_\_

**A grade of C or higher is required in all coursework for the minor.** By signing here I, the student, certify that I have read all of the requirements for the Minor listed below and agree to adhere to these as listed.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**Requirements of Minor in Public Health (18 credit hours):**

1. Core Courses (12 credit hours):	Semester Taken:	Grade:
PHLS 375 Foundations of Health Education	_____	_____
PHLS 395 Foundations of Public Health	_____	_____
*Fall only PHLS 457 Administration of Health Programs	_____	_____
*Fall only PHLS 450 Epidemiology	_____	_____

**NOTE: All public health minors must complete A ST 251G/STAT 251G or A ST 311 with a B or better before taking PHLS 450 Epidemiology**

\*Registration through PH advisor

2. Select <b>one</b> course from this group (3 credit hours):	Semester Taken:	Grade:
PHLS 300 Drugs and Behavior	_____	_____
PHLS 301G Human Sexuality	_____	_____
PHLS 320 Human Stress Management	_____	_____
PHLS 355 Responding to Emergencies	_____	_____
PHLS 380G Women's Health Issues	_____	_____
PHLS 492 Health Care of the Aged	_____	_____

3. Select <b>one</b> course from this group (3 credit hours):	Semester Taken:	Grade:
PHLS 461 Health Comm. with Hispanic Clients	_____	_____
PHLS 462 Hispanic Health Issues	_____	_____
PHLS 463 Interdisciplinary Seminar	_____	_____
PHLS 464 Cross-cultural Aspect of Health	_____	_____
PHLS 465 International Health Problems	_____	_____
PHLS 466 International Health Practicum	_____	_____
PHLS 467 Rural Health	_____	_____
PHLS 468 Coping with Loss and Grief	_____	_____

Substitutions can only be made with the approval of your PHLS advisor and Dept. Head.

By signing below, the PHLS advisor and Dept. head certify to the student's major college completion of the Minor in Public Health.

\_\_\_\_\_  
 PHLS Advisor

\_\_\_\_\_  
 Date

Copies to: \_\_\_\_\_ Student's Major College \_\_\_\_\_ Student