

College of Health and Social Services
Minor in U.S.-Mexico Border Health

Name: _____ Banner ID: _____
 Telephone: _____ Email: _____
 Academic Major: _____ Major Advisor: _____ Advisor Contact #: _____
 Advising done via: _____ Self- Advising or _____ BPH 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 U.S.-Mexico Border Health (18 credit hours):

- | | | | |
|----|--|-----------------|--------|
| 1. | Select one course from this group (3 credit hours): | Semester Taken: | Grade: |
| | PHLS 463 Interdisciplinary Seminar
(When subtitle relates to U.S. Mexico Border Health) | _____ | _____ |
| | PHLS 466 International Health Practicum | _____ | _____ |
| | PHLS 469 U.S.-Mexico Border Health Issues | _____ | _____ |
| | | | |
| 2. | Select four courses from this group (12 credit hours): | Semester Taken: | Grade: |
| | PHLS 461 Health Communication with
Hispanic Clients | _____ | _____ |
| | PHLS 462 Hispanic Health Issues | _____ | _____ |
| | PHLS 464V Cross Cultural Aspects of Health | _____ | _____ |
| | PHLS 465 International Health Problems | _____ | _____ |
| | PHLS 467 Rural Health Issues | _____ | _____ |
| | PHLS 486 Special Topics
(When subtitle relates to U.S.-Mexico Border Health) | _____ | _____ |
| | GERO 494 Aging in a Multicultural Society | _____ | _____ |
| | | | |
| 3. | Select one course from this group (3 credit hours): | Semester Taken: | Grade: |
| | PHLS 481 AIDS and Public Health Practice
And Policy | _____ | _____ |
| | PHLS 483 Parental and Child Health Issues | _____ | _____ |
| | PHLS 484 Alcohol and Drug Prevention | _____ | _____ |
| | PHLS 488 Health Dilemmas of Selected
Populations | _____ | _____ |

A copy of the student's next to final transcript should be attached for final verification purposes. 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 Community Health.

 PHLS Advisor _____ _____ _____
Date PHLS Dept. Head Date

Copies to: ___ Student's Major College ___ Student's Major Advisor
 ___ HSL Minor File ___ Student