

HEALTH EDUCATION PREREQUISITES

Student's Name: _____

Date: _____

List one prerequisite course from each of the following areas:

- √ Biological Sciences
- √ Behavioral Sciences
- √ Theory and Methods in Health Education and/or Health Promotion
- √ Statistics

<u>Area</u>	<u>Institution</u>	<u>Course No.</u>	<u>Course Title</u>	<u>Semester/Year</u>	<u>Hours</u>	<u>Grade</u>
1. Biological Science	_____	_____	_____	_____	_____	_____
2. Behavioral Science	_____	_____	_____	_____	_____	_____
3. Theory/Methods	_____	_____	_____	_____	_____	_____
4. Statistics	_____	_____	_____	_____	_____	_____

Ph.D: List title of Master's thesis or completed research paper:

Approved by: _____
Supervising Professor

Approved by: _____
Graduate Advisor

Date: _____

Date: _____

Please return this form to the Graduate Coordinator in Belmont 710. This form is **required** and should be completed and returned prior to seeing your academic advisor for registration next semester.