



VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Minor Declaration Form

Student Name: _____

Student ID: _____

Add Minor: _____

Drop Minor (if applicable): _____

Effective Term: _____

Health Promotions 15 cr. hrs	Sports & Exercise Science 15 cr. hrs	Billing and Coding 18 cr. hrs	Nutrition 15 cr. hrs
Required (9 cr. hrs) • HSC-E 443 • HSC-H 322 • HSC-H 327	Required (9 cr. hrs) • ANAT-A 210 • HSC-S 311 • HSC-S 419	Required (11 cr. hrs) • AHLT-R 185 • HIM-M 325 • HIM-M 355 • HIM-M 358	Select from the following courses: • HPER-N 220 • HSC-A 2/491 • HSC-H 102 • HSC-H 412 • HSC-N 378 • HSC-N 422
Electives (6 cr. hrs) • HSC-F 366 • HSC-H 331 • HSC-H 412 • HSC-H 434 • HSC-H 477	Electives (6 cr. hrs) • HSC-H 102 • HSC-N 422 • HSC-S 391 • HSC-S 409 • HSC-S 416	Electives (7 cr. hrs) • ANAT-A 210 • HIM-M 200 • HIM-M 327 • HSC-A 2/491 • HSC-H 402 • HSC-L 320	
Approved substitutions:	Approved substitutions:	Approved substitutions:	Approved substitutions:

I have reviewed the requirements of this minor with an academic advisor and I understand what I must do to complete this minor.

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Please submit form to:

Laurie Richards, Northside Hall 416 or via email: lar2@iusb.edu