

## **DECLARATION OF MAJOR/MINOR**

Bachelor of Arts or Bachelor of Science in Community and Public Health

Name:			Age:	
Mailing Address:		Phone:		
Email Address:		Preferred Pronouns:		
Cumulative GPA:	Spriden ID:		Bengal ID:	
Catalog Year:	🔔 lama: 🗆 Fresh	man 🗆 So	phomore 🗆 Junior 🗆 Senior	
Transfer Student: □NO	□YES (indicate schoo	l)	_ Idaho Resident: □NO □YES	
Major Concentration  ☐ Community Health ☐ Community/Worksite ☐ School Health ☐ Addiction Studies	<b>Minor Tr</b> □ Teachi □ Non-Te	ng	College of Education  □ 20 Credit Endorsement  □ 30 Credit Endorsement  □ 45 Credit Endorsement	
How did you hear about t	the Community and Pu	ıblic Health ı	major/minor? (select all that apply)	
<ul> <li>□ Central Academic Advising</li> <li>□ completed/current enrolled in HE course</li> <li>□ promotional materials (posters, flyers)</li> <li>□ social media (Facebook, Twitter)</li> <li>□ other</li> </ul>		•		
OPTIONAL - Which cated	jories best describe yo	ou? (select al	l that apply)	
<ul><li>□ White</li><li>□ American Indian/Alaska Native</li><li>□ Hispanic/Latino/Spanish origin</li><li>□ Native Hawaiian/Other Pacific Islander</li></ul>		☐ Middle Eastern or North African		
<ul> <li>I understand that of a "C-" will not be contained.</li> </ul>	credits earned in a Hea	alth Educatio ion for a Dep	ation as my major/minor. In course with a grade lower than partment major/minor. I must dvisor.	
Signature		Date		
Processed by:		Date:		