College of Science and Health
Department of Urban Public Health
Public Health Minor Declaration and Approval Form

Student Information

Student Name: _____ CDU Email Address: _____
Phone Number: _____Current Major/Program:_____
Academic Level: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior
Expected Graduation (Semester/Year): _____

Eligibility Requirements

Be enrolled in an undergraduate degree program at CDU.

- Successfully complete BSPH 101: Introduction to Public Health with a grade of C or higher.
- Successfully complete BSPH 202: Health Disparities, Equity, and Social Justice with a grade of C or higher.
- Maintain a minimum cumulative GPA of 2.0.

Prerequisite Course Verification

Course	Semester Completed	Grade
BSPH 101: Introduction to Public Health		
BSPH 202: Health Disparities, Equity, and Social Justice		

Student Statement

I understand that declaring the Minor in Public Health does not guarantee completion of the minor. I am responsible for meeting all minor requirements, maintaining satisfactory academic standing, and consulting with my academic advisor regarding degree progress and course planning. I certify that the information provided on this form is accurate and complete.

Student Signature: _____ **Date:** _____

Department Review

Comments:_____

☐ Approved ☐ Not Approved

Department Representative Name: _____

Signature: _____ **Date:** _____

Registrar's Office Use Only
Date Received: _____ Date Processed: _____
Processed By: _____
Minor Added to Student Record: ☐ Yes ☐ No
Effective Term: _____