

**DECLARATION OF AN EPIDEMIOLOGY MINOR IN THE COLLEGE
OF EDUCATION, HEALTH, & HUMAN SCIENCES**

Last Name: _____ First Name & Middle Initial: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Student ID Number: _____ Telephone: () _____

Email Address: _____

UTK Major: _____ College Housing UTK Major: _____

Date Declaring Minor: _____

Tentative Date for Completing Minor: _____ Tentative Graduation Date: _____

Courses Required for the Minor and Completion (Semester & Year)

PUBH 530 Completion: _____

PUBH 540 Completion: _____

PUBH 640 Completion: _____

Approved Substitute for Required Course: _____ Completion: _____

Elective Course: _____ Completion: _____

(Choose from approved elective list)

- Any substitution for a required course must be approved by the Director of the Graduate Minor in Epidemiology
- Student is responsible for including the Epidemiology Minor on the Admission to Candidacy form which is **submitted to Graduate School at least one semester in advance of graduation.**

Student Signature Date: _____

Faculty Advisor Date: _____

Director, Graduate Minor in Epidemiology Date: _____

**This declaration of minor form must be signed by the student AND advisor AND Director,
Graduate Minor in Epidemiology.**

Department of Public Health
College of Education, Health, & Human Sciences