

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

Last Name: _____ First Name & 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 542 Completion: _____

Approved Substitute for Required Course: _____ Completion: _____

Elective Course: _____ Completion: _____

(choose from approved elective list)

- Any substitution for a required course in epidemiology minor must be approved by Head, Department of Public Health or designated alternate.
- Student is responsible for including epidemiology minor on the Admission to Candidacy form which is submitted to Graduate School at least one semester in advance of graduation.
- A participating faculty member of the epidemiology minor must serve on the student's comprehensive exam committee.

_____ Date: _____
Student Signature

_____ Date: _____
Faculty Advisor Approval

_____ Date: _____
Approval by Director, Graduate Minor In Epidemiology

This declaration of minor form must be signed by the student AND advisor.