

Declaring/Changing a Major, Minor, or Applied Minor

Section A: Policies and Instructions

Declaring a Major:

1. Students are required to file a declaration of major at the Registrar's Office no later than the end of their fourth semester.
2. A late fee of \$25.00 will be charged if the petition is submitted after the deadline.
3. A declared major may be changed at any time up to the add/drop deadline of the student's final semester by submitting a new major declaration form.

Declaring a Minor:

1. Minors are optional programs, you are not required to have a minor to graduate.
2. The deadline for declaring a minor is the 5th day of classes of the spring semester of the senior year.
3. Students must declare their Major Field of concentration before declaring a minor.

Declaring an Applied Minor:

1. Applied minors are optional programs, they are not required for graduation.
2. The deadline for declaring an applied minor is the 5th day of classes of the spring semester of the senior.

Progress towards completion of a major, a minor, and an applied minor will be tracked in DegreeWorks.

Complete Section B below and the relevant program section. Next to each requirement, indicate which semester (e.g. Fall 2023) you have taken or will take that course.

Your form must be signed by the Department/Program and your academic advisor (must be in your field of study for your major).

Section B: Student Information

Student Name _____ ID# _____

Email _____ Date _____

Planned Date of Graduation: May _____ December _____ Year: _____

Select one:

- _____ I wish to declare my primary Major
- _____ I wish to declare a Minor
- _____ I wish to declare a second Major
- _____ I wish to declare an Applied Minor
- _____ I wish to change my Major

Public Health

Use this form to declare a minor in [Public Health](#).

Program [Public Health](#)

Minor/Applied Minor Declaration Form

Declared Major(s) _____

To earn a minor in public health, you must complete a total of 22-24 credit hours.

Core courses (12 credit hours)

| Course Code | Course Title | Credit Hours | Semester |
|-----------------------------------|--------------------------------------|--------------|----------|
| <input type="checkbox"/> BIOL 200 | Epidemiology | 3 | |
| <input type="checkbox"/> PBH 101 | Introduction to Population Health | 3 | |
| <input type="checkbox"/> SOAN 333 | Medical Anthropology & Global Health | 3 | |

One of the following:

| Course Code | Course Title | Credit Hours | Semester |
|-----------------------------------|-------------------------------|--------------|----------|
| <input type="checkbox"/> MATH 120 | Fundamentals of Statistics | 3 | |
| <input type="checkbox"/> MATH 300 | Mathematical Statistics | 3 | |
| <input type="checkbox"/> PSYC 245 | Research Methods & Statistics | 4 | |

Electives (10-12 credit hours; at least one from each category)

Natural science

| Course Code | Course Title | Credit Hours | Semester |
|-----------------------------------|----------------------------|--------------|----------|
| <input type="checkbox"/> BIOL 111 | Ecological Biology | 4 | |
| <input type="checkbox"/> BIOL 112 | Cells, Genes & Inheritance | 4 | |
| <input type="checkbox"/> CHEM 111 | Principles of Chemistry | 4 | |

Social and cultural studies

| Course Code | Course Title | Credit Hours | Semester |
|-------------|--------------|--------------|----------|
|-------------|--------------|--------------|----------|

| | | |
|-----------------------------------|---------------------------------|---|
| <input type="checkbox"/> SOAN 118 | Inequalities, Power & Society | 4 |
| <input type="checkbox"/> SOAN 335 | Health, Medicine & Society | 4 |
| <input type="checkbox"/> SOAN 339 | Topics | 4 |
| <input type="checkbox"/> PSYC 116 | Behavior, Health Care & Society | 4 |
| <input type="checkbox"/> PSYC 347 | Psycholinguistics | 3 |
| <input type="checkbox"/> PSYC 368 | Human Sexuality | 3 |
| <input type="checkbox"/> PSYC 376 | Health Psychology | 3 |

This student is hereby approved to pursue a major _____ / minor _____ in accordance to the above plans (please enter your full name below).

Academic advisor _____ Date _____

Department/Program Convener _____ Date _____

This completed form must be emailed to registrar@earlham.edu for processing. Your adviser and the Department/Program Convener must be copied on the email.

Registrar _____ Date _____