

Department of Public Health Sciences
 College of Health and Social Services
Graduate Minor in U.S.-Mexico Border Health Issues

Name: _____ Banner ID: _____
 Telephone: _____ Email: _____
 Academic Major: _____ Major Advisor: _____ Advisor e-mail: _____
 Advising done via: _____ Self-Advising or _____ MPH Advisor

A grade of B or higher is required in all coursework for the minor. By signing here I, the student, certify that I have read all of the requirements for the Minor listed below and agree to adhere to these as listed.

 Student Signature _____
 Date

Requirements of Minor in U.S.-Mexico Border Health Issues (12 credits hours total):

Select courses from this group (12 credit hours)	Semester Taken:	Grade:
PHLS 5996 American Indian Health	_____	_____
PHLS 5610 Health Disparities: Determinants & Interventions	_____	_____
PHLS 5662 Hispanic Health Issues	_____	_____
PHLS 5620 Cross-Cultural Aspects of Health	_____	_____
PHLS 5630 International Health Problems	_____	_____
PHLS 5640 Rural Health Issues	_____	_____
PHLS 5660 U.S.-Mexico Border Health Issues	_____	_____
PHLS 5996 Special Topics (When subtitle relates to U.S.-Mexico Border Health Issues)	_____	_____

A copy of the student's next to final transcript should be attached for final verification purposes. Substitutions can be made **only** with the approval of your MPH Faculty Advisor and the PHS Department Head.

By signing below, the MPH Faculty Advisor and the PHS Department Head certify to the student's major college completion of the Minor in U.S.-Mexico Border Health.

 MPH Faculty Advisor _____ _____ _____
 Date Date PHLS Dept. Head Date

Copies to: _____ MPH Faculty Advising _____ Student's Major College _____ PHS Minor File _____ Student