

Department of Public Health Sciences
College of Health and Social Services

Undergraduate Minor in U.S.-Mexico Border Health

Name: _____ Banner ID: _____

Telephone: _____ NMSU Email: _____

Academic Major: _____ Major Advisor: _____

Advisor's e-mail: _____

Advising Done Via: (Choose one): _____ Self-Advising **OR** _____ BPH Advisor

A grade of C- or higher is required in all coursework for the minor. By signing below, I certify that I have read all of the requirements here listed for completion of the Undergraduate Minor in U.S.-Mexico Border Health and that I agree to fulfill them to complete the Undergraduate Minor in U.S.-Mexico Border Health.

Student Signature

Date

Requirements of Undergraduate Minor in U.S.-Mexico Border Health (18 credit hours):

- | | | |
|--|-----------------|--------|
| 1. Core course (3 credit hours): | Semester Taken: | Grade: |
| PHLS 4660 U.S.-Mexico Border Health Issues | _____ | _____ |
| 2. Select five courses from this group (15 credit hours): | Semester Taken: | Grade: |
| PHLS 4610 Health Disparities: Determinants & Interventions | _____ | _____ |
| PHLS 4662 Hispanic Health Issues | _____ | _____ |
| PHLS 4620V Cross Cultural Aspects of Health | _____ | _____ |
| PHLS 4630 International Health Problems | _____ | _____ |
| PHLS 486 Special Topics | _____ | _____ |
| (When subtitle relates to U.S.-Mexico-Border Health) | _____ | _____ |

A copy of the student's next to final transcript should be attached for final verification purposes. Substitutions to the requirements for the Undergraduate Minor in U.S.-Mexico Border Health may be allowed **only** by written approval of your PHLS advisor **and/or** the Public Health Sciences Department Head. Their signature(s) certifying approval should be obtained **before** enrolling in any courses to be substituted for the required courses listed here.

By signing below, the PHLS Advisor and the Public Health Sciences Department Head certify to the student's major college that the student has completed the Undergraduate Minor in U.S.-Mexico Border Health.

PHLS Undergraduate Coordinator

Date

*Public Health Sciences
Department Head*

Date

Copies to: _____ Student's Major College; _____ Student's Major Advisor; _____ PHLS Minor File; _____ Student