

FACULTY OF HEALTH SCIENCES

Certificate of Fulfillment of the Requirements for a Minor

Name _____ ID _____ Email _____
Major _____ Phone _____
Minor _____ Graduation Date _____

List courses completed or currently taken towards the indicated minor (copy of transcript should be attached):

#	Course	Credits	Grade
1			
2			
3			
4			
5			
6			
7			

TOTAL CREDITS CUMULATIVE AVERAGE

Date: _____

Advisor's name: _____ Advisor's signature: _____
.....

To: Registrar

Based on the above list of completed courses, please indicate on the transcript of the student named above that he/she has satisfied the requirements for:

A MINOR IN Public Health
 Environmental Health

Date: _____ Dean's signature: _____

cc: Faculty in which the Major is followed (where applicable).