

Department of Health Studies Approval Form

Department Advisor:

NAME: (L,F, M.I.)

Banner Number (e-number):

Local Address:

Local Phone:

Permanent Address:

Permanent Phone:

Major:

Minor:

Semester hours transferred to EIU

GPA as it appeared on last grade report

Semester hours completed in HST

Major GPA

Total semester hours COMPLETED at EIU

Semester expected to graduate

Semester expected to STUDENT TEACH

Are you a member in good standing of Eta Sigma Gamma?

Semester expected to INTERN

To what other professional organizations do you belong?

List any other experiences that you have had in the health discipline

Educational requirements for Internships: Indicate date taken (or expected completion) for the following	Educational Requirements for Student Teaching: Indicate date taken (or expected completion)
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HST 2270

SED 2000

HST 3400

HST 3700

EDF 2555

SED 3000

SED 3330

SED 3100

EDP 3331

EDF 4450

SPE 3500 or
PED 2450

NAME

Students: From the following list, select only **COMPLETED** courses

- | | |
|------------------------------------------------------------|-------------------------------------------|
| 2000 Principles of Human Health | 3500 Human Sexuality |
| 2200G Health Citizenship | 3560 Women's Health |
| 2250 Professions in School and Community Health | 3700 Community Health Behavior Methods |
| 2270 Community Health | 3750 Health Care Delivery Systems |
| 2600 International Health Issues | 3765 Principles of Epidemiology |
| 2700 Marketing Concepts for Health Promotion Professionals | 3800 Health Education Research Methods II |
| 2800 Health Education Research Methods I | 3910 Communication in Health Professions |
| 2900 Human Diseases | 4250 Planning Health Programs |
| 3200 School Health | 4770 Health Services Administration |
| 3300 Principles of Accident Prevention | 4800 Drugs and Society |
| 3340 Accident Prevention in Schools | 4890 Health and Aging |
| 3400 Methods of Teaching/Curriculum Development in Health | 4910 Applied Health Communication |

Students: From the list provided, select the faculty members that you have taken for classes	Faculty: Do you approve the admission of this student to the teacher education program or internship? Please initial the appropriate column. Reasons must be given for disapproval.
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	YES	NO	COMMENTS
Bates			
Bays			
Biggs			
Cavanaugh			
DeReuter-Willems			
Dietz			
Hunter			
McCausland			
Phillips			
Ray			
Rhoads			
Sego			
Simons			
Walker			