**Department of Health Promotion Approval Form**

NAME:  E-number: 

MAJOR OPTION - SELECT ONE

Community Health: Health Administration: Health Communication:

Emergency Management & Disaster Preparedness:

LOCAL ADDRESS:

Street: City:

State: Zip code:

PERMANENT ADDRESS:

Street: City:

State: Zip Code:

COURSE INFORMATION:

|  |  |  |  |
| --- | --- | --- | --- |
| Hours transferred | Click or tap here to enter text. | Are you a member of Eta Sigma Gamma | Click or tap here to enter text. |
| Semester expected to graduate | Click or tap here to enter text. | Semester expected to intern | Click or tap here to enter text. |
| Cumulative GPA | Click or tap here to enter text. | Major GPA | Click or tap here to enter text. |

EDUCATIONAL REQUIREMENTS FOR INTERNSHIPS: Indicate date taken or expected completion.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| HST 4175 | Click or tap here to enter text. | HST 3700 | Click or tap here to enter text. | HST 4250 | Click or tap here to enter text. |

Name: 

**STUDENTS: From the list provided below, SELECT the faculty members with whom you have completed a class.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty** | **Approve** | **Disapprove** | **Comments by faculty:** |
| Bates |  |  |  |
| Cavanaugh |  |  |  |
| Cotner |  |  |  |
| DeRuiter-Willems |  |  |  |
| Dietz |  |  |  |
| Hillier |  |  |  |
| McCausland |  |  |  |
| Phillips |  |  |  |
| Rhoads |  |  |  |
| Simons |  |  |  |

**\*\*A copy of this form MUST be submitted with the portfolio**