**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**