GRADUATION CHECKLIST FOR
MINOR IN OSH&E - HEALTH

NAME: _____ W#: _____

APPLIED FOR GRADUATION: _____, _____semester

CATALOGUE OF RECORD: _____-_____

Assuming that you successfully complete all courses in which you are now registered for, indicated below are the courses you will need to complete your minor. Please review these records carefully. If you do not agree, contact your department within two weeks. THIS RESPONSIBILITY RESTS WITH YOU.

MINOR IN OSH&E - HEALTH (18 hours)

OSHE 111 _____ 3 _____

OSHE 141 _____ 3 _____

OSHE 242 _____ 3 _____

OSHE 322 _____ 3 _____

OSHE 341 _____ 3 _____

OSHE 441 _____ 3 _____

_____

Department Head's Signature