



Inter-College Program

Program Approval Form: Health & Wellness Thematic, Bachelor of Science

Student Information

Name _____ ID# _____ Date _____

ICP Adviser _____ Adviser Phone _____

Consulting Faculty/Departmental Adviser (optional)

Name _____ E-mail _____

Campus Address _____ Phone _____

Adviser Comments

Signatures

CCE Adviser _____ Date _____

Consulting Faculty/
Departmental Adviser (optional) _____ Date _____

Student _____ Date _____

Lower Division Foundation Prerequisites

Required: A grade of C- or better in each course

Requirement	Dept.	Number	Title	Grade
Biology				
Chemistry I				
Chemistry II				
Nutrition				
Soc. Science I				
Soc. Science II				

Upper Division General Core Requirements

Required: At least 31 upper division credits; a grade of C- or better in each course; general core GPA of at least 2.00

Requirement	Dept.	Number	Title	Credits	Grade
Anatomy					
Physiology					
Med. Terminology					
Public Health					
Health/Fitness					
Nutrition					
Statistics					
Pathology					
Mgmt/Econ					
Ethics					
Alt. Health					
Communication					

Total Upper Division Credits for this Area

Upper Division Emphasis/Focus/Specialty

Required: At least 12-16 upper division credits in one area; a grade of C- or better in each course; focus GPA of at least 2.00

Dept.	Number	Title	Credits	Grade

Total Upper Division Credits for this Area

Upper Division Electives

Required: A grade of C- or better in each course

Dept.	Number	Title	Credits	Grade

Total Upper Division Credits for this Area

Total Upper Division Credits _____