



Decker School of Nursing
 Department of Health and Wellness Studies
 PO Box 6000
 Binghamton, NY 13902
 Phone: (607)777-2120
 Fax: (607)777-2495

Health and Wellness Studies Minor Application

Application instructions:

- Accurately print or type;
- Attach a personal statement of 300-500 words sharing how the Health and Wellness Studies Minor will contribute to your academic and career goals.
- Attach an unofficial copy of your transcript.

Personal Information:

Name: B#:
LAST *FIRST* *MI*

Address (Line 1):

Address (Line 2):

City: State: Zip:

Phone (Cell): Phone (Home):

E-Mail Address:

Overall Undergraduate GPA: Expected Date of Graduation:

Major: Declared: Yes No

List all HWS courses completed to date:

Course Number	Title	Semester/Year	Grade

List courses taken outside of the Dept. of Health and Wellness Studies that you would like to have reviewed for approved elective* credits: *(Please attach syllabus)*

Course Number	Title	Semester/Year	Grade

Comments:

PLEASE ALLOW 2 WEEKS FOR PROCESSING; YOU WILL BE NOTIFIED OF THE DECISION VIA E-MAIL. CERTIFICATION OF THE MINOR WILL BE DONE THROUGH DARS.

Signature: **Date:**

** All courses transferred are subject to department approval for equivalency*

FOR DEPARTMENT USE ONLY

DATE ENTERED ON STUDENT RECORD: INITIAL: