

THE OHIO STATE UNIVERSITY
SCHOOL OF HEALTH AND REHABILITATION SCIENCES

MINOR PROGRAM POLICIES AND FORM

University approved minor programs are available to undergraduate students enrolled in HRS as an option to complement or enhance the major program of study. Minor programs are not required for graduation in HRS except by the Health Sciences major. Minors which have been approved by the University can be accessed online at <http://artsandsciences.osu.edu/>

1. The minor must be in a different subject from the major (identified by the registrar's listing of approved majors)
2. If the minor requires more than 12 credit hours, only one course specified on the major that is also part of an established minor (overlapping courses) may be counted toward both the major and the minor; the total credit hours of the overlapped course may not reduce the unique credit hours within the minor to less than 12.
3. No grade below a C- will be permitted on courses comprising the minor *and* the cumulative OSU GPA must remain above a 2.0.
4. Courses taken on a pass/non-pass basis may not be applied toward the minor and no more than 3 credit hours of coursework graded satisfactory/unsatisfactory may count toward the minor (including xx93 credit hours).
5. No more than three (3) xx93 credit hours may be applied toward the minor.

INSTRUCTIONS

If the department offering the minor requires departmental approval of the minor, students must complete the Minor Program Form. Departmental contact information can be found on the Minor Program Form found at <http://ascadvising.osu.edu/programs/minors/list>. Submit completed and signed form to the HRS Student Services Office, 206 Atwell Hall. Students pursuing minor programs that require approval of the minor by the student's home advising office, and students pursuing minors offered by HRS should complete this form with an HRS advisor and submit it at 206 Atwell Hall. Additionally, non-HRS students pursuing minors offered by HRS should submit a copy of this form to their home advising office for their records as well as retain a copy of this form for their personal use.

STUDENT NAME: _____ STUDENT ID: _____
 EMAIL ADDRESS: _____ GRADUATION TERM/YEAR: _____
 MINOR PROGRAM: _____
 MAJOR (DIVISION): _____ STUDENT ATHLETE: _____ (YES OR NO)

MINOR COURSEWORK

COURSE/DEPT NUMBER	SEMESTER PLANNED/COMPLETED	CREDIT HOURS	FINAL GRADE

SIGNATURE OF REVIEWING ADVISOR:	DATE:
DEPARTMENT:	
SIGNATURE OF HRS COLLEGE SECRETARY:	DATE: