

KEAN UNIVERSITY * SCHOOL OF HEALTH AND HUMAN PERFORMANCE
GRADUATION PLAN * HEALTH MINOR TOTAL 15 CREDITS MINOR CODE #25045

Name: _____ Anticipated Graduation: _____
 Kean ID#: _____ Students Major: _____ Major Code: _____

REQUIRED COURSE

	Number	Course Title	Credits	Semester/Year	Grade
HED	2100	Principles of Public & Community Health	3	_____	_____

GUIDED ELECTIVES

All electives should be selected with the advisement of a Health Faculty Member, each Health Minor student must select four (4) guided electives (of ANY HED course for ID 1225) to satisfy the requirements for Health Minor. A minimum of six (6) semester hours must be from upper division 3000-4000 level courses.

	Number	Course Title	Credits	Semester/Year	Grade
HED	2300	Mindfulness History, Theory & Practice	3	_____	_____
HED	3034	Reiki	3	_____	_____
HED	3100	Environmental Health	3	_____	_____
HED	3110	Wellness Consideration for Autism	3	_____	_____
HED	3160	Health Perspectives for Women	3	_____	_____
HED	3200	Holistic Health	3	_____	_____
HED	3231	First Aid, Disaster Preparedness & CPR/AED	3	_____	_____
HED	3232	Emergency Medical Responder	3	_____	_____
HED	3233	Introduction to Principles of Emergency Management	3	_____	_____
HED	3270	Health Disparities in the United States	3	_____	_____
HED	3300	Community Mental Health	3	_____	_____
HED	3400	Human Sexuality	3	_____	_____
HED	3460	Women's Global Health	3	_____	_____
HED	3515	Wellness	3	_____	_____
HED	3533	Curriculum & Programming in Health Education K-12	3	_____	_____
HED	3534	Methods & Materials in Public & Comm. Health Education	3	_____	_____
HED	3600	Nutrition	3	_____	_____
HED	3635	Introduction to Public Health	3	_____	_____
HED	3725	Death in Perspective	3	_____	_____
HED	4101	Epidemiology & Disease	3	_____	_____
HED	4231	First Aid Instructor	3	_____	_____
HED	4333	Drug Use & Abuse	3	_____	_____
HED	4400	Essentials of Global Health	3	_____	_____
HED	4650	Community Health Counseling	3	_____	_____
HED	4860	Health & Social Justice	3	_____	_____
ID	1225	Critical Issues in Health	3	_____	_____

Minor Program Approved By: _____ Date: _____
 Health Minor Coordinator Signature