

**RANDOLPH COLLEGE**

**Declaration of Minor \_\_\_\_\_ or Application for Graduation \_\_\_\_\_ (check one) Form**

NAME \_\_\_\_\_  
 (Last) (First) (Mid. Initial)

Grad. Year \_\_\_\_\_

Please list all majors and minors ALREADY DECLARED:

Major(s) \_\_\_\_\_

Minor(s) \_\_\_\_\_

**Human Services Minor**

**2008-09 Catalog**

Courses	Course Title	Cr. Hrs.	Course Selected	Semester of Enrollment	Grade
One of the following:		3	*		
SOC 216	Contemporary Social Problems				
SOC 327	Social Stratification				
Experiential Learning (EX L) or Non-Traditional Credit in an appropriate field		2			
Five of the following:		15	*		
ECON 102R	Principles of Microeconomics		*		
G ST 201	Interdisciplinary Perspectives on Women		*		
PHIL 133	Ethics and Public Life		*		
PHIL 214	Bioethics		*		
POL 113	World Politics and Organization				
POL 239	Global to Local Studies				
POL 251	Introduction to Public Policy				
POL 324	Civil Rights				
POL 330	International Law and Global Governance				
PSYC 205	Social Psychology				
PSYC 208	Developmental Psychology				
PSYC 212	The Psychology of Gender				
PSYC 213	Abnormal Psychology				
PSYC 304	Child and Adolescent Psychopathology				
PSYC 330	Health Psychology				
SOC 209	Deviance and Social Control				
SOC 218	Family and Kinship				
SOC/COMM 280	Social Interaction				
SOC 310	Community				
<b>Total for Minor in Human Services</b>		<b>20</b>			

**\*Specify the course you are using to fulfill the requirement. Also use this space to list transfer courses or another course you are being allowed to substitute. Note: The Request for Substitution of Major/Minor Requirement Form must be completed for substituted courses.**

*•Students majoring in a contributing discipline must select at least four courses from outside their major department.*

I understand that I am responsible for completing successfully all courses in the concentration by the end of my final year with a **minimum QPR of 2.0 (rounded)**, for determining that scheduling will allow me to fulfill requirements, and for obtaining approval for any courses to count toward the concentration taken at another institution.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

**For Declaration of Minor:** Successful completion of this program satisfies minor requirements.

Department Chair/Program Coordinator \_\_\_\_\_ Advisor will be \_\_\_\_\_

**For Application for Graduation:** Successful completion of this program satisfies minor requirements.

Advisor \_\_\_\_\_

Date \_\_\_\_\_