

HFD MINOR PLAN OF STUDY

Student's Name: _____

Phone Number and email address: _____

UM Student ID #: _____

Major Discipline/Department: _____

HFD Minor Advisor's Name: _____

Expected Date of Graduation: _____

Statement of anticipated career goal: _____

Statement as to why you are choosing to add the HFD minor: _____

The student should develop a theme or emphasis, in conjunction with a faculty advisor that reflects the student's interests (e.g., life span, family, child counseling, infants, ethnic minorities, developmental disability, child abuse and neglect, psychopathology, peer relationships):

Minor Electives that you are anticipating taking to complete the HFD minor:

I have reviewed and approve this HFD Minor Plan of Study.

Advisor's signature _____ Date _____

Course Plan Changes: _____

Advisor's signature _____ Date _____