# FOX SCHOOL OF BUSINESS & MANAGEMENT
# UNDERGRADUATE MINOR IN
# HEALTHCARE SYSTEMS MANAGEMENT
# DECLARATION FORM

***(Submit in Speakman Hall 101)***

**NAME: _____ DATE:_____**

**ADDRESS: _____**

**CITY: _____ STATE: _____ ZIP: _____**

**TU ID:_____**

**TELEPHONE NO.:_____ _____**
**local permanent**

**COLLEGE:_____**

**ANTICIPATED GRADUATION DATE:_____**

---

**TO BE COMPLETED BY ADVISOR**

| REQUIREMENTS | SEMESTER COMPLETED | GRADE | ADVISER'S INITIALS |
|---|---|---|---|
| HLT.CARE MGT 3501(101) | _____ | _____ | _____ |
| HLT.CARE MGT 3502(201) | _____ | _____ | _____ |
| HLT.CARE MGT 4596(W301) | _____ | _____ | _____ |

**Completed requirements Yes_____ Date_____**

**Cumulative GPA _____ GPA in minor _____**

**NOTE: ADVISERS MUST NOTIFY STUDENT'S COLLEGE OF COMPLETION**

**Exceptions:_____**