

APPLICATION FOR MEDICAL HUMANITIES MINOR

To the student: Please complete Section I and obtain your Dean's signature in Section II. Submit completed application form and statement to the Medical Humanities Education Committee in care of Dawn Hiller, College of Arts and Sciences, **Flinn Hall 110**, 777-2993.

SECTION I

Full Name _____

E-mail _____ VIPID _____

Local Address, City, State & Zip _____

Major _____ Degree _____

Hours Earned _____ GPA _____

Check if appropriate:

_____ premed

_____ other health profession

_____ other profession (Please specify: _____)

_____ S.C. Honors College

Please attach a statement that addresses the question, "Why are you interested in pursuing a minor in Medical Humanities?" (*maximum 500 words*)

Student Signature _____ Date _____

SECTION II

Signature of Student's Dean

_____ Date _____

For Committee Use Only:

Action Approve _____ Disapprove _____ Deferred _____ Date _____