DECLARATION OF MINOR
Clinical Health Psychology

Student’s Name: _______________________________ YU ID #: __________________

Mailing Address: ____________________________________________________________

Phone: ___________________________ Email: ________________________________

I am currently enrolled in the following program: (Ph.D and Master’s students are not eligible for this minor)
Clinical Psychology □  School-Clinical Child Psychology □

Checklist for Clinical Health Psychology Minor:

<table>
<thead>
<tr>
<th>Course Information</th>
<th>Semester Taken</th>
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<tbody>
<tr>
<td>PSH 6371 Rsrch Methods in Clinical Health</td>
<td>______</td>
</tr>
<tr>
<td>PSH 6421 Health and Addictions</td>
<td>______</td>
</tr>
<tr>
<td>PSH 6935 Social Dimensions of Public Health I</td>
<td>______</td>
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</tbody>
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Year-Long Health Psychology Externship:

Site Name: __________________________________________

Start/End Date: ______________________________________

Health Psychology Research Project (submitted instead of completing health psychology externship—must be pre-approved):

Title of Project: __________________________________

Date Submitted: ____________________________________

Student’s Signature: _______________________________ Date: __________

For Office Use Only

Dr. Roee Holtzer: _______________________________ Date: _________

Program Director: _________________________________ Date: _________