



# Yeshiva University

## REGISTRAR • FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY

1165 Morris Park Ave, Rousso 128A | Bronx, NY 10461 | Phone 646-592-4515 | E-mail resnickregistrar@yu.edu

### 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:

<u>Course Information</u>	<u>Semester Taken</u>
PSH 6371 Rsrch Methods in Clinical Health	_____
PSH 6421 Health and Addictions	_____
PSH 6935 Social Dimensions of Public Health I	_____

#### 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. Roe Holtzer: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_