



**Health Education Advisor Request Form**

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_ Major Advisor: \_\_\_\_\_

Year in School: Freshman          Sophomore          Junior          Senior

Post Baccalaureate

Other colleges/universities attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you seeking certification as a health teacher?    Yes          No

If you are an undergraduate, have you declared your health minor at the Academic Advising Center (301 Pierce Hall) or online?    Yes          No

**For Office Use Only:**

Assigned Advisor: \_\_\_\_\_

Date: \_\_\_\_\_