

**ELIOT PEARSON DEPARTMENT OF CHILD STUDY and HUMAN DEVELOPMENT**

105 College Avenue, Medford, Massachusetts | Ph:(617) 627-3355 | Fax:(617) 627-3503

# Child Study and Human Development MINOR CONCENTRATION CHECK LIST

**Form must be signed and attached to your Advising Report.**  
**Please be sure the department receives a copy of this form.**

To fulfill a Minor in Child Study and Human Development, **five** courses from the Eliot-Pearson Department of Child Study and Human Development are required.

**Two** foundation courses, **CSHD1** plus one other foundation course from the following CSHD list: **51, 151, 61, 161, 62 or 155** are also required. Because one goal of the minor is to introduce students to the various disciplines within the department, **no course substitutions from other departments or other universities will be accepted.** **Three** Child Study and Human Development electives are to be chosen with the assistance of the CSHD advisor, George Scarlett.

It is the student's responsibility to confirm that all paperwork has been completed so that the minor appears on their transcript.

Name: \_\_\_\_\_ College: \_\_\_\_\_ Class: \_\_\_\_\_  
Major: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Local Address: \_\_\_\_\_

**List two Foundation Courses (including CSHD1): (Course # and Name)**

(1) Title: \_\_\_\_\_ #: \_\_\_\_\_  
(2) Title: \_\_\_\_\_ #: \_\_\_\_\_

**List three CSHD Electives: (Course # and Name)**

(1) Title: \_\_\_\_\_ #: \_\_\_\_\_  
(2) Title: \_\_\_\_\_ #: \_\_\_\_\_  
(3) Title: \_\_\_\_\_ #: \_\_\_\_\_

**CSHD Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\* COMPLETED CSHD MINOR REQUIREMENTS \*\*\***

<p><b>Approved:</b> _____ <b>Date:</b> _____ <i>Department Chair</i></p>
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*For Office Use Only:*

Entered into CSHD Minor Database on: \_\_\_\_\_ Initials: \_\_\_\_\_