



**Faculty of Human and Social Development**  
**Declaration of a Minor Degree Program**

**School:**

- \_\_\_\_\_ **Child and Youth Care**
- \_\_\_\_\_ **Health Information Science**
- \_\_\_\_\_ **Social Work**
- \_\_\_\_\_ **Public Health and Social Policy**

\_\_\_\_\_ Registration Number          \_\_\_\_\_ Entry Calendar Year          \_\_\_\_\_ Date Degree Expected

\_\_\_\_\_ Name in Full          \_\_\_\_\_ Degree Expected

Declaration of Minor in: \_\_\_\_\_

Degree Program as per attached CAPP Report with the following exceptions:

\_\_\_\_\_

Remarks:

\_\_\_\_\_

\_\_\_\_\_ Signature of Student Advisor          \_\_\_\_\_ Date  
 Degree Program

\_\_\_\_\_ Signature of Advisor          \_\_\_\_\_ Date  
 In Minor Degree Program

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I certify the above program to be the one I have chosen and I have reviewed the program requirements, as per the attached CAPP report, with my Student Advisor. I understand that I am responsible for ensuring my degree program requirements are complete. I will notify the Student Advisor of any program/course changes(s).

\_\_\_\_\_ Signature of Student          \_\_\_\_\_ Date

\_\_\_\_\_ Approval by Director of School          \_\_\_\_\_ Date