

**Office of Academic Advising**

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**Degree Audit Checklist:**

**History of Science,  
Medicine, Technology  
Minor**

*Expected graduation date:* \_\_\_ *May* \_\_\_ *January* *Year:* \_\_\_\_\_

**Name:** \_\_\_\_\_ **Hopkins ID:** \_\_\_\_\_  
*Last Name*
*First Name*
*MI*

**Email address:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Additional major or minor:** \_\_\_\_\_

**Instructions:** This form indicates which departmental and university requirements you have completed and which you must complete before graduation. If you have any questions, speak to your faculty advisor about department requirements, or to an academic advisor about other requirements.

**Special Notes for Juniors:**

This form is used to determine your eligibility for graduation and must be completed and filed with the Office of Academic Advising in the spring of your junior year.

1. Complete this form and have it approved and signed by your minor advisor in the spring of your junior year. After this, make an appointment in the Office of Academic Advising and bring this form and a copy of your transcript to the advisor clearing for your major.
2. This form must be filled out **completely** and **neatly**, including course title and number as listed on transcript.
3. When noting that a course has been completed, please write in the grade you earned in that course under the column "Completed."
4. If you have completed the checklist with an advisor in the Office of Academic Advising and you make a change in a required course you intended to take you must notify the advisor of that change.

Course No. and Title	Credits	Completed	In Progress	To be Done
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This minor requires 21 credits in the history of science, medicine, or technology, including one survey course. This may include one course outside of the department with the advisor's approval

**One Survey Course chosen from the following list:**

140.105 History of Medicine: Antiquity through the Scientific Revolution	_____	_____	_____
140.106 History of Medicine: 18 <sup>th</sup> – 20 <sup>th</sup> Centuries	_____	_____	_____
140.301 History of Medicine: Antiquity to the Renaissance	_____	_____	_____
140.302 Rise of Modern Science	_____	_____	_____
140.329 Seven Wonders of the Modern World	_____	_____	_____
140.321 Scientific Revolution	_____	_____	_____

Course No. and Title	Credits	Completed	In Progress	To be Done
<b>Additional courses for 21 credit total</b>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Note:** The advisor must sign here if a course outside of the department has been approved for this student to complete the minor in the department. Please also indicate which course.

Course Information: \_\_\_\_\_

Advisor's signature: \_\_\_\_\_

Advisor's contact information: \_\_\_\_\_

**Restrictions:**

Courses for a minor must be taken for a grade.  
 Minor requirements can be used to meet the University distribution requirements.

**Please initial here to indicate you have read and understand these requirements:** \_\_\_\_\_

**FOR JUNIORS ONLY:**

**Student's Statement:**

I have reviewed my progress toward meeting the graduation requirements for my minor. I understand which requirements have been completed and which remain to be completed, including those that are in progress, if any. **I agree to notify the Office of Academic Advising if I make any changes to my plan of study.**

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

**Advisor's Statement:**

I have reviewed progress toward meeting the graduation requirements for the minor with the student. We have marked which requirements have been completed and which remain to be completed, including those that are in progress, if any. **I have indicated by initialing or submitting a supporting memo any exceptions to departmental requirements that have been approved for this particular student.**

\_\_\_\_\_  
*Minor Advisor's Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Academic Advisor's Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*