Student’s full name: ________________________________________________________________

Student’s IU identification number: ___________________ Email address: ________________

Current major: ___________________________________________ School/college: __________________

**Required courses** (12 credits):

- ___ 3 SPH-O 279 Outdoor Adventure Education
- ___ 3 SPH-O 322 Therapeutic Outdoor Instructional Techniques
- ___ 3 SPH-O 420 Principles of Therapeutic Outdoor Programs
- ___ 3 SPH-R 395 Practicum in RPTS (as approved by the TOP coordinator)

**Complete one course from the following** (3 credits):

- ___ 3 SPH-R 210 Inclusion in Recreation, Parks, and Tourism
- ___ 3 SPH-Y 225 Disability, Health & Function
- ___ 3 SPH-Y 277 Foundations of Recreational Therapy Practice

**Note:** Students are responsible for checking with their degree-granting school/unit to determine whether this minor may be officially recorded on the transcript. The various schools on the Bloomington campus may limit the number of credit hours outside their school that will count toward a degree. Students should check with an advisor in their school for information about minor rules.

**Approved by:**

_________________________________________ (Signature)  ____________________________ (Date)
Coordinator, Therapeutic Outdoor Programs
Department of Recreation, Park, & Tourism Studies
School of Public Health-Bloomington
SPH Building, Room 133