HOSPITALITY FOODSERVICE & HOTEL MANAGEMENT MINOR WORKSHEET
CALIFORNIA STATE UNIVERSITY, LONG BEACH
Code: FCS_UM05
Catalog Year: 2010-2011

Anticipated Graduation Date: _______________  Student ID Number: ____________________

Last First Maiden/Middle

Address: __________________________________________ Telephone No.: _________________________
No. Street Apt. No. Email Address: ______________________

City State ZIP

Advisor: __________________________________________

Date Entered CSULB: __________________________________________ Standing: __________________________________________

Transfer From: 1) ____________________ 2) ____________________ 3) ____________________ 4) ____________________

<table>
<thead>
<tr>
<th>CSULB Unit Value</th>
<th>CSULB Grade</th>
<th>Course Number</th>
<th>Course Name</th>
<th>Need to Take</th>
<th>Transfer or Substitute</th>
<th>Transfer From</th>
<th>Transfer Units/Grade</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>HFHM 173</td>
<td>Applied Foodservice Sanitation</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td>HFHM 270</td>
<td>Introduction to HFHM</td>
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<td>3</td>
<td></td>
<td>HFHM 379 or HFHM 492J</td>
<td>Field Studies in HFHM</td>
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<td></td>
<td>Internship in HFHM</td>
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Select 15 Units from the Following Courses (as approved by a HFHM faculty advisor)

1. ENGL 100 is the prerequisite for HFHM 274.
2. NUTR 132 (fulfills G.E. Category E) and HFHM 235 are prerequisites for HFHM 275.
3. HFHM 173 and 275 or 276 are prerequisites for HFHM 375.
4. HFHM 270 is a prerequisite for HFHM 372 and 376.
5. HFHM 276 or 375 or consent of instructor are prerequisites for HFHM 477.
6. HFHM 275 or 276 or 372, 800 hours of faculty advisor approved work experience, and senior standing are prerequisites for HFHM 492J.
7. HFHM 275 or 276 or consent of instructor, senior standing are prerequisites for HFHM 473.
8. HFHM 275 or 276 or consent of instructor is the prerequisite for HFHM 474.

Advising Sessions:

Advisor: _____________________________ Date: __________  Advisor: _____________________________ Date: __________
Advisor: _____________________________ Date: __________  Advisor: _____________________________ Date: __________
Advisor: _____________________________ Date: __________  Advisor: _____________________________ Date: __________