The School of Life Sciences offers an Undergraduate Certificate in the History and Philosophy of Science. This certificate program is designed to give students an understanding of both traditional philosophic issues surrounding science and the historical development of concrete scientific theories and ideas. The philosophic questions (of the belief-worthiness and interpretation of scientific claims as well as norms within or about science) both enrich and are enriched by their combination with historical study. Such philosophic and historical study will also often include the examination of contemporary sciences and their place within the larger society.

Requirements:

A. Approval of a SoLS Undergraduate Advisor is Required
B. 18 Credit Hours Total
C. 9 Credit Hours of HPS or Equivalent Upper-Division Courses (not including the 3 Credit Hours of PHI 314/HPS 314 that is required) *
D. 3 Credit Hours of PHI 314 or HPS 314 – Philosophy of Science
E. 6 Credit Hours of Related Course Work **
E. All Courses Must Be Passed with a Minimum Grade of “C”

1. PHI 314/HPS 314 – Philosophy of Science (Required, no other option allowed)
2. HPS __________
3. HPS __________
4. HPS __________
5. __________Related Course ** See Info Below
6. __________Related Course ** See Info Below

* Any Upper Division HPS Course or its Cross Listed Equivalent

** Related courses can be any other HPS course, its’ cross-listed equivalent or an approved alternative. You may also choose from the following:

PHI 301 – History of Ancient Philosophy
PHI 302 – History of Modern Philosophy
PHI 312 – Theory of Knowledge
PHI 403 – Contemporary Analytic Philosophy

For further information or if there is a course that you do not see listed but that you feel is relevant to this field of study you may contact our SoLS Advising Program at (480) 727-6277 or stop in to LSC 206.
For more program information and upcoming events you can go to our website at:
http://lifesciences.asu.edu/hps/  Director: Richard Creath, creath@asu.edu, (480) 965-1821

Student Signature______________________________________ Date: ______________

Advisor’s Signature_____________________________________Date:______________