

Name: _____

ID: _____

Date: _____

Exercise and Sport Science Plan of Work - Revised - 01/24/10

General Education	Done	Level 1 Required	Cr	Done	Level 1 or 2 Required	Cr	Done	Level 1 or 2 Electives	Cr	Done
Basic Comp (BC)	<input type="checkbox"/>	KIN 1991 Prof. Perspectives		<input type="checkbox"/>	HEA 2310 Dynamics of Pers Health		<input type="checkbox"/>	HE 5440 Mental Hea & Sub Abuse		<input type="checkbox"/>
Intermediate Comp (IC)	<input type="checkbox"/>	KIN 2010 Psych-Phy Foundations		<input type="checkbox"/>	HEA 2330 First Aid/CPR		<input type="checkbox"/>	KIN 2560 Ind Prob in Kinesiology		<input type="checkbox"/>
Math Comp (MC)	<input type="checkbox"/>	KIN 3400 Lifespan Growth & Dev		<input type="checkbox"/>	KHS 5520 Sport Psychology		<input type="checkbox"/>	KHS 5521 Phys Ed Psychology		<input type="checkbox"/>
Oral Comm (OC)	<input type="checkbox"/>	KIN 3540 Cultural Foundations		<input type="checkbox"/>	KHS 5523 Exercise Psychology		<input type="checkbox"/>	KHS 5522 Health Psychology		<input type="checkbox"/>
Computer Literacy (CL)	<input type="checkbox"/>	HE 3440 Nutrition & Health Ed		<input type="checkbox"/>	KIN 3550 Motor Learn & Con (WI)		<input type="checkbox"/>	NFS 2030 Nutrition & Health		<input type="checkbox"/>
Critical Thinking (CT)	<input type="checkbox"/>	PHYS 1020 Concep Physics (PS)		<input type="checkbox"/>	KIN 3580 Biomechanics		<input type="checkbox"/>	NFS 3230 Human Nutrition		<input type="checkbox"/>
Life Science (LS)	<input type="checkbox"/>	TOTAL CREDITS		<input type="checkbox"/>	TOTAL CREDITS		<input type="checkbox"/>	NFS 3270 Eating Disorders		<input type="checkbox"/>
Physical Science (PS)	<input type="checkbox"/>							PSY 3010 Statistical Mth in Psychology		<input type="checkbox"/>
American Instit (AI)	<input type="checkbox"/>							Level 2 Electives	Cr	Done
Historical Studies (HS)	<input type="checkbox"/>	Level 2 Required	Cr	Done				KHS 5360 Senior Res Project		<input type="checkbox"/>
Social Science (SS)	<input type="checkbox"/>	KIN 5500 Eval & Measure		<input type="checkbox"/>				KHS 6540 Workshop (1-3 cr)		<input type="checkbox"/>
Visual & Perform Arts (VP)	<input type="checkbox"/>	KIN 3570 Exercise Phys I		<input type="checkbox"/>				KIN 5350 Exe Sci Intern Rep (2-4 cr)		<input type="checkbox"/>
Philosophy & Letters (PL)	<input type="checkbox"/>	KIN 6320 Fitness Assess		<input type="checkbox"/>				KIN 5510 Coaching Principles & Cert		<input type="checkbox"/>
Foreign Culture (FC)	<input type="checkbox"/>	KIN 5350 Exe Sci Intern		<input type="checkbox"/>				KIN 6310 Exercise Phys II		<input type="checkbox"/>
Writing Intensive (WI)	<input type="checkbox"/>	TOTAL CREDITS		<input type="checkbox"/>				Other Electives	Cr	Done
										<input type="checkbox"/>
		*Students must complete a five-semester sequence of courses (BIO 1510 → BIO 2870 → KIN 3570 → KIN 6320 → KIN 5350).								
		^Other courses may qualify as electives ONLY with an advisor's permission BEFORE registration.								
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
								TOTAL CREDITS		<input type="checkbox"/>
COE Requirements	Done									<input checked="" type="checkbox"/>
PS 1010 or PS 1030 (AI)	<input type="checkbox"/>									<input checked="" type="checkbox"/>
BIO 1510 (LS) (LB)	<input type="checkbox"/>									<input checked="" type="checkbox"/>
BIO 2870	<input type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

I understand I am responsible for completing ALL courses on this Plan of Work.

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Total Credits _____
Cumulative GPA _____