

# Election of Major Athletic Training (57 hours) 2015-2016 Catalog

Name \_\_\_\_\_ I.D. Number \_\_\_\_\_

Planned Degree Completion Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_    ✓ One Degree:    \_\_\_BA    \_\_\_BS

**Required Courses**

Do not write in shaded area

		Hours	Target Completion
BIOL 202	Fundamentals of Human Anatomy	3.0	_____
BIOL 202L	Fundamentals of Human Anatomy Lab	1.0	_____
BIOL 204	Fundamentals of Human Physiology	3.0	_____
BIOL 204L	Fundamentals Human Physiology Lab	1.0	_____
ESS 106	Medical Terminology for Allied Health	1.0	_____
ESS 113	Emergency Care for the Physically Active	3.0	_____
ESS 150	Injury and Illness Prevention for the Physically Active	3.0	_____
ESS 150L	Injury and Illness Prevention for the Physically Active Lab	1.0	_____
ESS 200	Basic Principles of Nutrition	3.0	_____
ESS 231	Medical Diagnostic Imaging	1.0	_____
ESS 240	Ethics and Psychosocial Aspect of Sport	3.0	_____
ESS 243	Principles of Fitness	2.0	_____
ESS 246	Medical Considerations for the Physically Active	3.0	_____
ESS 247	Pharmacology for Allied Health	1.0	_____
ESS 251	Musculoskeletal Assessment: Upper Extremity	3.0	_____
ESS 253	Musculoskeletal Assessment: Lower Extremity	3.0	_____
ESS 265	Research Methods in Athletic Training	2.0	_____
ESS 270	Clinical Experience in Athletic Training I	1.0	_____
ESS 273	Clinical Experience in Athletic Training II	1.0	_____
ESS 325	Exercise Physiology (W)	3.0	_____
ESS 325L	Exercise Physiology Lab	1.0	_____
ESS 330	Therapeutic Modalities in Athletic Training	3.0	_____
ESS 335	Therapeutic Exercise	3.0	_____
ESS 370	Clinical Experience in Athletic Training III	1.0	_____
ESS 373	Clinical Experience in Athletic Training IV	1.0	_____
ESS 410	Administration of Health and Physical Activity Programs (W)	3.0	_____
ESS 411	Topics in Athletic Training	1.0	_____
ESS 470	Clinical Experience in Athletic Training V	1.0	_____
ESS 473	Clinical Experience in Athletic Training VI	1.0	_____

Explain transfer, situations, or other irregularities:

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

***I understand I have final responsibility for monitoring my graduation requirements.***

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to the Office of the Registrar**