

Election of Major
Exercise Science & Fitness
Fitness and Recreation Concentration (48.5 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	
<input type="checkbox"/>	BIOL 202	Fundamentals of Human Anatomy	3.0	_____
<input type="checkbox"/>	BIOL 202L	Fundamentals of Human Anatomy Lab	1.0	_____
<input type="checkbox"/>	BIOL 204	Fundamentals of Human Physiology	3.0	_____
<input type="checkbox"/>	BIOL 204L	Fundamentals of Human Physiology Lab	1.0	_____
<input type="checkbox"/>	ESS 103	Foundations of Health, Physical Education and Sport Sciences	2.0	_____
<input type="checkbox"/>	ESS 200	Basic Principles of Nutrition	3.0	_____
<input type="checkbox"/>	ESS 205	Teaching Team Activities	3.0	_____
<input type="checkbox"/>	ESS 206	Teaching Individual and Dual Activities	3.0	_____
<input type="checkbox"/>	ESS 209	Principles of Coaching	2.0	_____
<input type="checkbox"/>	ESS 243	Principles of Fitness	2.0	_____
<input type="checkbox"/>	ESS 250	Teaching Laboratory I	1.0	_____
<input type="checkbox"/>	ESS 260	Teaching Laboratory II	1.0	_____
<input type="checkbox"/>	ESS 276	Practicum in Health/Fitness/Wellness	2.0	_____
<input type="checkbox"/>	ESS 339	Fundamental Techniques of Exercise and Fitness	3.0	_____
<input type="checkbox"/>	ESS 325	Exercise Physiology (W)	3.0	_____
<input type="checkbox"/>	ESS 325L	Exercise Physiology Lab	1.0	_____
<input type="checkbox"/>	ESS 345	Functional Kinesiology	3.0	_____
<input type="checkbox"/>	ESS 410	Administration of Health and Physical Activity Programs (W)	3.0	_____
<input type="checkbox"/>	ESS 476	Internship in Health/Fitness/Wellness	4.0	_____
<input type="checkbox"/>	PE 105 N	Weight Training	.50	_____

Four hours of directed electives approved by department chair.

<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____

Explain transfer, substitutions, or other irregularities:

Advisor Signature _____ Date _____

Department Chair Signature _____ Date _____

I understand I have final responsibility for monitoring my graduation requirements

Student Signature _____ Date _____

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