

**Election of Minor**  
**Adapted Physical Activity** (16 hours)  
 2016-2017 Catalog

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

Planned Degree Completion Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Major: \_\_\_\_\_

<b>Required Courses</b>	<b>Hours</b>	<b>Target Completion</b>
Do not write in this column		
<input type="checkbox"/> ESAT 363 Adapted Physical Activity	3.0	_____
<input type="checkbox"/> ESAT 363L Adapted Physical Activity Lab	1.0	_____
<input type="checkbox"/> ESAT 460 Service Delivery in Adapted Physical Education	3.0	_____

Nine hours selected in consultation with advisor from: EDUC 211, 245, 263, 315; ESAT 103, 145, 243, 335, 339, 475, 476. (NOTE: Special Education will be added to the license of Teacher candidates who complete three EDUC courses from above.)

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

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**