

Election of Major Athletic Training (57 hours) 2016-2017 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 Human Physiology Lab	1.0	_____
<input type="checkbox"/>	ESAT 106 Medical Terminology for Allied Health	1.0	_____
<input type="checkbox"/>	ESAT 113 Emergency Care for the Physically Active	3.0	_____
<input type="checkbox"/>	ESAT 150 Injury and Illness Prevention for the Physically Active	3.0	_____
<input type="checkbox"/>	ESAT 150L Injury and Illness Prevention for the Physically Active Lab	1.0	_____
<input type="checkbox"/>	ESAT 200 Basic Principles of Nutrition	3.0	_____
<input type="checkbox"/>	ESAT 231 Medical Diagnostic Imaging	1.0	_____
<input type="checkbox"/>	ESAT 240 Ethics and Psychosocial Aspect of Sport	3.0	_____
<input type="checkbox"/>	ESAT 243 Principles of Fitness	2.0	_____
<input type="checkbox"/>	ESAT 246 Medical Considerations for the Physically Active	3.0	_____
<input type="checkbox"/>	ESAT 247 Pharmacology for Allied Health	1.0	_____
<input type="checkbox"/>	ESAT 251 Musculoskeletal Assessment: Upper Extremity	3.0	_____
<input type="checkbox"/>	ESAT 253 Musculoskeletal Assessment: Lower Extremity	3.0	_____
<input type="checkbox"/>	ESAT 265 Research Methods in Athletic Training	2.0	_____
<input type="checkbox"/>	ESAT 270 Clinical Experience in Athletic Training I	1.0	_____
<input type="checkbox"/>	ESAT 273 Clinical Experience in Athletic Training II	1.0	_____
<input type="checkbox"/>	ESAT 325 Exercise Physiology (W)	3.0	_____
<input type="checkbox"/>	ESAT 325L Exercise Physiology Lab	1.0	_____
<input type="checkbox"/>	ESAT 330 Therapeutic Modalities in Athletic Training	3.0	_____
<input type="checkbox"/>	ESAT 335 Therapeutic Exercise	3.0	_____
<input type="checkbox"/>	ESAT 370 Clinical Experience in Athletic Training III	1.0	_____
<input type="checkbox"/>	ESAT 373 Clinical Experience in Athletic Training IV	1.0	_____
<input type="checkbox"/>	ESAT 410 Administration of Health and Physical Activity Programs (W)	3.0	_____
<input type="checkbox"/>	ESAT 411 Topics in Athletic Training	1.0	_____
<input type="checkbox"/>	ESAT 470 Clinical Experience in Athletic Training V	1.0	_____
<input type="checkbox"/>	ESAT 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 _____

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