

Election of Minor

Coaching (19-27 hours)

2018-2019 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____

Major: _____

Required Courses	Hours	Target Completion
<small>Do not write in this column</small>		
<input type="checkbox"/> ESAT 121 Developing the Student Athlete Leader	1.0	_____
<input type="checkbox"/> ESAT 115 Prevention and Emergency Care	3.0	_____
<input type="checkbox"/> ESAT 209 Principles of Coaching	2.0	_____
<input type="checkbox"/> ESAT 345 Functional Kinesiology	3.0	_____
<input type="checkbox"/> ESAT 410 Administration of Health & Physical Activity Programs (W)	3.0	_____
<input type="checkbox"/> BIOL 204 Fundamentals of Human Physiology	3.0	_____

Two to six hours selected from: ESAT 210, 211, 212, 213, 214, 215, 218.

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

Two to six hours chosen from: ESAT 145, 243, 275, 325, 475.

<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