

# Election of Minor

## Physical Education (27 hours)

2018-2019 Catalog

Name \_\_\_\_\_

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

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

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

**Required Courses**

Do not write in this column

	<b>Hours</b>	<b>Target Completion</b>
<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"/> ESAT 103 Foundations of Physical Education and Sport Sciences	2.0	_____
<input type="checkbox"/> ESAT 145 Motor Development	3.0	_____
<input type="checkbox"/> ESAT 205 Teaching Team Activities	3.0	_____
<input type="checkbox"/> ESAT 206 Teaching Individual and Dual Activities	3.0	_____
<input type="checkbox"/> ESAT 243 Principles of Fitness	2.0	_____
<input type="checkbox"/> ESAT 250 Teaching Laboratory 1	1.0	_____
<input type="checkbox"/> ESAT 260 Teaching Laboratory 2	1.0	_____
<input type="checkbox"/> ESAT 325 Exercise Physiology (W)	3.0	_____
<input type="checkbox"/> OR	3.0	_____
<input type="checkbox"/> ESAT 345 Functional Kinesiology	3.0	_____
<input type="checkbox"/> ESAT 410 Administration of Health and Physical Activity Programs	3.0	_____
<input type="checkbox"/> ESAT 414 Advanced Principles of Exercise Prescription	2.0	_____

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**