

**Election of Major**  
**Exercise Science & Fitness**  
**Clinical & Rehabilitation Sciences Concentration (51 hours)**  
 2020-2021 Catalog

Name \_\_\_\_\_

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

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

✓ One: \_\_\_\_\_ BA \_\_\_\_\_ BS

**Required Courses**

Do not write in shaded area

**Hours Target Completion**

BIOL 202	Fundamentals of Human Anatomy	3.0	_____
BIOL 202L	Fundamentals of Human Anatomy Lab	1.0	_____
BIOL 204	Fundamentals of Physiology	3.0	_____
BIOL 204L	Fundamentals of Physiology Lab	1.0	_____
BIOL 422	Advanced Human Physiology	3.0	_____
BIOL 422L	Advanced Human Physiology Lab	1.0	_____
DATA 210	Statistical Analysis	4.0	_____
ESAT 103	Foundations of Physical Education and Sport Sciences	2.0	_____
ESAT 200	Basic Principles of Nutrition	3.0	_____
ESAT 325	Exercise Physiology (W)	3.0	_____
ESAT 325L	Exercise Physiology Lab	1.0	_____
ESAT 410	Administration of Health and Physical Activity Programs (W)	3.0	_____
ESAT 476	Internship in Health/Fitness/Wellness	3.0	_____

**Two semesters of Chemistry:**

CHEM 105	Introduction to Inorganic Chemistry	3.0	_____
CHEM 105L	Introduction to Inorganic Chemistry Lab	1.0	_____
CHEM 106	Introduction to Organic Chemistry	3.0	_____
CHEM 106L	Introduction to Organic Chemistry Lab	1.0	_____
OR			
CHEM 111	General Chemistry I	3.0	_____
CHEM 111L	General Chemistry I Lab	1.0	_____
CHEM 113	General Chemistry II	3.0	_____
CHEM 113L	General Chemistry II Lab	1.0	_____

**Twelve hours of directed electives approved by department chair.**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 \_\_\_\_\_

**Return This Form to the Office of the Registrar**