

Election of Major
Exercise Science & Fitness
Human Performance Concentration (49.5 hours)
 2020-2021 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 of Human Physiology Lab	1.0	_____
<input type="checkbox"/>	ESAT 103 Foundations of Health, Physical Education and Sport Sciences	2.0	_____
<input type="checkbox"/>	ESAT 200 Basic Principles of Nutrition	3.0	_____
<input type="checkbox"/>	ESAT 205 Team Performance Training	3.0	_____
<input type="checkbox"/>	ESAT 206 Individual and Dual Performance Training	3.0	_____
<input type="checkbox"/>	ESAT 209 Principles of Coaching	2.0	_____
<input type="checkbox"/>	ESAT 243 Principles of Fitness	3.0	_____
<input type="checkbox"/>	ESAT 250 Performance Laboratory I	1.0	_____
<input type="checkbox"/>	ESAT 260 Performance Laboratory II	1.0	_____
<input type="checkbox"/>	ESAT 276 Practicum in Health/Fitness/Wellness	2.0	_____
<input type="checkbox"/>	ESAT 339 Fundamental Techniques of Exercise and Fitness	3.0	_____
<input type="checkbox"/>	ESAT 325 Exercise Physiology (W)	3.0	_____
<input type="checkbox"/>	ESAT 325L Exercise Physiology Lab	1.0	_____
<input type="checkbox"/>	ESAT 345 Functional Kinesiology	3.0	_____
<input type="checkbox"/>	ESAT 410 Administration of Health and Physical Activity Programs (W)	3.0	_____
<input type="checkbox"/>	ESAT 476 Internship in Health/Fitness/Wellness	4.0	_____

Four hours of directed electives approved by department chair.

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

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