

Election of Minor

Adapted Physical Activity (16 hours)

2015-2016 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____

Major: _____

Required Courses

Do not write in this column

	Hours	Target Completion
ESS 363 Adapted Physical Activity	3.0	_____
ESS 363L Adapted Physical Activity Lab	1.0	_____
ESS 460 Service Delivery in Adapted Physical Education	3.0	_____

Nine hours selected in consultation with advisor from: EDUC 211, 245, 263, 315; ESS 103, 145, 243, 335, 339, 475, 476. (NOTE: Special Education will be added to the license of Teacher candidates who complete three EDUC courses from above.)

<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