

# Election of Minor

## Coaching (20 hours)

2015-2016 Catalog

Name \_\_\_\_\_

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

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

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

<b>Required Courses</b>	<b>Hours</b>	<b>Target Completion</b>
<small>Do not write in this column</small>		
<input type="checkbox"/> ESS 121 Developing the Student Athlete Leader	1.0	_____
<input type="checkbox"/> ESS 150 Injury & Illness Prevention for the Physically Active	3.0	_____
<input type="checkbox"/> ESS 209 Principles of Coaching	2.0	_____
<input type="checkbox"/> ESS 325 Exercise Physiology (W)	3.0	_____
<input type="checkbox"/> ESS 410 Administration of Health & Physical Activity Programs (W)	3.0	_____

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

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

Two to six hours chosen from: BIOL 204 and 204L; ESS 145, 243, 275 or 475, 345, 385, 414

_____	_____	_____
_____	_____	_____
_____	_____	_____

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**