

**Election of Major  
Exercise Science & Fitness  
Exercise Science Concentration (51 hours)  
2015-2016 Catalog**

Name \_\_\_\_\_

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

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

✓ One: \_\_\_\_\_ BA \_\_\_\_\_ BS

**Required Courses**

Do not write in shaded area

		<b>Hours</b>	<b>Target Completion</b>
<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 Physiology	3.0	_____
<input type="checkbox"/>	BIOL 204L Fundamentals of Physiology Lab	1.0	_____
<input type="checkbox"/>	BIOL 422 Vertebrate Physiology	3.0	_____
<input type="checkbox"/>	BIOL 422L Vertebrate Physiology Lab	1.0	_____
<input type="checkbox"/>	ESS 103 Foundations of Physical Education and Sport Sciences	2.0	_____
<input type="checkbox"/>	ESS 200 Basic Principles of Nutrition	3.0	_____
<input type="checkbox"/>	ESS 325 Exercise Physiology (W)	3.0	_____
<input type="checkbox"/>	ESS 325L Exercise Physiology Lab	1.0	_____
<input type="checkbox"/>	ESS 410 Administration of Health and Physical Activity Programs (W)	3.0	_____
<input type="checkbox"/>	ESS 476 Internship in Health/Fitness/Wellness	3.0	_____
<input type="checkbox"/>	MATH 210 Statistical Analysis	4.0	_____

Two semesters of Chemistry:

<input type="checkbox"/>	CHEM 105 Introduction to Inorganic Chemistry	3.0	_____
<input type="checkbox"/>	CHEM 105L Introduction to Inorganic Chemistry Lab	1.0	_____
<input type="checkbox"/>	CHEM 106 Introduction to Organic Chemistry	3.0	_____
<input type="checkbox"/>	CHEM 106L Introduction to Organic Chemistry Lab	1.0	_____
	OR		
<input type="checkbox"/>	CHEM 111 General Chemistry I	3.0	_____
<input type="checkbox"/>	CHEM 111L General Chemistry I Lab	1.0	_____
<input type="checkbox"/>	CHEM 113 General Chemistry II	3.0	_____
<input type="checkbox"/>	CHEM 113L General Chemistry II Lab	1.0	_____

Twelve hours of directed electives approved by department chair.

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

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