

Election of Minor

Physical Education (27 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
<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"/> ESS 103 Foundations of Physical Education and Sport Sciences	2.0	_____
<input type="checkbox"/> ESS 145 Motor Development	3.0	_____
<input type="checkbox"/> ESS 205 Teaching Team Activities	3.0	_____
<input type="checkbox"/> ESS 206 Teaching Individual and Dual Activities	3.0	_____
<input type="checkbox"/> ESS 243 Principles of Fitness	2.0	_____
<input type="checkbox"/> ESS 250 Teaching Laboratory 1	1.0	_____
<input type="checkbox"/> ESS 260 Teaching Laboratory 2	1.0	_____
<input type="checkbox"/> ESS 325 Exercise Physiology (W)		
<input type="checkbox"/> OR	3.0	_____
<input type="checkbox"/> ESS 345 Functional Kinesiology		
<input type="checkbox"/> ESS 410 Administration of Health and Physical Activity Programs	3.0	_____
<input type="checkbox"/> ESS 414 Advanced Principles of Exercise Prescription	2.0	_____

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 _____

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