Department of Kinesiology Majors (EXSC, FWL, SPMT, PHEC)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Exercise Science |  |
| Student Name | Student ID | Today’s Date | Major | Desired Graduation |

Number of credits completed at the end of this semester: \_\_\_\_\_\_\_\_\_ Additional credits needed: \_\_\_\_\_\_\_\_\_

Number of higher-level credits completed at end of semester: \_\_\_\_ Higher level credits needed: \_\_\_\_

Indicate Core classes with “(core)” and elective classes with “(E)”

202\_ - 202\_

|  |  |  |  |
| --- | --- | --- | --- |
| Fall | Mini\* | Spring | Summer\* |
|  |  |  |  |
|  | total credits: |  |  |
|  |  |  |  |
|  |  |  | total credits: |
|  |  |  |  |
| total credits: |  | total credits: |  |

202\_\_ - 202\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Fall | Mini\* | Spring | Summer\* |
|  |  |  |  |
|  | total credits: |  |  |
|  |  |  |  |
|  |  |  | total credits: |
|  |  |  |  |
| total credits: |  | total credits: |  |

202\_\_ - 202\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Fall | Mini\* | Spring | Summer\* |
|  |  |  |  |
|  | total credits: |  |  |
|  |  |  |  |
|  |  |  | total credits: |
|  |  |  |  |
| total credits: |  | total credits: |  |

202\_\_ - 202\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Fall | Mini\* | Spring | Summer\* |
|  |  |  |  |
|  | total credits: |  |  |
|  |  |  |  |
|  |  |  | total credits: |
|  |  |  |  |
| total credits: |  | total credits: |  |

Indicate if additional years will be needed. (YES / NO)

\*Cannot take more than 4 credits in mini-mester or 13 credits in summer (max 7 credits per session)

PeopleSoft is the final word on meeting graduation needs. Acceptance of a four-year plan allows the planning hold to be lifted but is not a guarantee or contract. Mistakes are made even with careful reviews.

ALWAYS RELY ON PEOPLESOFT for degree requirements.

Advisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_