

GRADUATE APPROVED PROGRAM

Master of <u>Arts</u>	Major <u>Kinesiology</u>
Concentration or Emphasis (if applicable) <u>Exercise Science</u>	

Student: Select the correct *University Bulletin* year for the requirements listed below : _____

Name: _____ Student ID: _____
 Address: _____ Phone(s): _____
 City/State/Zip: _____ E-mail: _____

ALL REQUIREMENTS MUST BE COMPLETED WITHIN 7 YEARS FROM THE START OF THE TERM OF THE EARLIEST COURSE LISTED BELOW

Student: Fill out the following information completely (including the semester each course was or will be taken).							
Course No.	Course Title	Units Required	Units (to be) completed	Semester	Institution (for transfer units only)*	Grade	In Progress Or To Do
KIN 710	Research in Kinesiology	3					
KIN 715	Research Designs and Analysis	3					
KIN 720	Movement, Fitness, and Skill	3					
KIN 730	Analysis of Human Movement	3					
KIN 740	Physiological Analysis	3					
KIN 783	Applied Exercise Physiology	3					
KIN 746	Theories of Sports Medicine	3					
Electives:		6-9					
Select One of the following culminating experience options (3-6):		3-6					
A. Thesis							
KIN 897	Independent Research in Kinesiology						
KIN 898	Master's Thesis						
B. Master's Project							
KIN 895	Master's Project in Kinesiology						
	Total Units	Minimum 30					

***NOTE:** For transfer work, a Request for Graduate Program Transfer Unit Evaluation must be submitted.

AND EITHER:

- A. Report of Completion for Oral Defense of Thesis and Thesis Receipt
 B. Report of Completion: KIN 895 Master's Project Oral Defense of Project

GRADUATE MAJOR ADVISER: Please check off below the manner by which this student <i>has or will have satisfied</i> Second Level written English proficiency in your graduate program, i.e. ability to write in a scholarly manner in the major field.			
<input type="checkbox"/> Course No. <u>KIN 895 OR KIN 898</u>	<input type="checkbox"/> Written proposal for Culminating Experience		
<input type="checkbox"/> Written Component of Culminating Experience	<input type="checkbox"/> Other, specify _____		

GRADUATE ADVISER (Required): _____

Type/Print last name
Signature
Date

SCHOOL GRADUATE COMMITTEE (Required): _____

Type/Print last name
Signature
Date

Approved Not Approved

 Dean of the Graduate Division or Designee Date

Note: Upon approval of the GAP, read graduate Academic Policies and Procedures section in the *Bulletin* regarding conditions for maintaining its validity.