## PROGRAM OF STUDY

## MASTER OF KINESIOLOGY \*Add Start Semester here

(Full Name)		(Student ID Number)			
(Street Address)		(Date)			
(City, State, Zip)		(Anticipated Graduation Date)			
(Telephone)		NOTE: Select	one area of concer	ntration - KIN	NS or Exercise Science
AREA	CREDIT HOURS		IESTER/YEAR	GRADE	REGISTRAR'S USE
		onal Core ster Hours)			
KINS 6001: Research Methods(must be taken 1st semester enrolled)	3				
KINS 6002: Measurement and Evaluation in Physical Education	3				
KINS 6003: Applications of Qualitative Research in Physical Education	3				
KINS 6004: Analysis of Motor Skills	3				
Exercise Science	ce Concent	ration (15 Sen	nester Hours)	1	
EXRS 7001: Advanced Exercise Physiology	3				
EXRS 7002: Advanced Kinesiology	3				
EXRS 7003: Biomechanics	3				
EXRS 7004: Nutrition in Exercise & Sports	3				
EXRS 7005: Advanced Exercise Prescription & Program Design	3				
Health and Physical E	Education (	Concentration	(15 Semester Hou	rs)	
KINS 7111: Adv Curr and Instruction HPE	3				
KINS 7112: Obesity Prev in Child and Youth	3				
KINS 7113: Admn of HPE Prog in Schools	3				
KINS 7114: Trends and Issues in HPE	3				
KINS 7115: Advanced Health & Wellness	3 pstone (3 S	emester Hour	s)		
KINS 7700: Contemp Issues/Concerns in HPE(Must be taken last semester enrolled)	3				
Total	30				
		-	<u> </u>		
Student's Signature Date		A	Academic Advisor		Date

COE Representative

Date

Registrar

Date

If you need this content in an alternate format for accessibility (e.g. Braille, large print, audio, etc.), please contact Kathy.Moody@ung.edu at 706-864-1757.