

Full name: _____ Hamline ID: _____ Phone #: _____
 Anticipated graduation date (such as: May, 2022) _____

DEPT	COURSE	TITLE	GRADE	CREDITS	TERM/ YEAR	SUBSTITUTE COURSE*	BREADTH OF STUDY***
Foundation courses:							
BIOL	1510	Integrated Concepts in Biology I		4			no
BIOL	1520	Integrated Concepts in Biology II		4			no
EXSC	3210	Human Anatomy & Physiology I		4			no
EXSC	3220	Human Anatomy & Physiology II		4			no
EXSC	3400	Biomechanics & Kinesiology		4			no
EXSC	3510	Exercise Physiology		4			no
EXSC	5961	Exercise Science Seminar I		1			no
EXSC	5962	Exercise Science Seminar II		1			no
EXSC	5963	Exercise Science Seminar III		1			no
EXSC	5964	Exercise Science Seminar IV		1			no
EXSC	5950	Senior Capstone		4			no
Internship or research experience:							
EXSC	3990	Internship		varies			no
EXSC	4010	Collaborative Research		varies			no
EXSC	5010	Departmental Honors		6			no
Supporting courses:							
One course in statistics							
MATH	1200	Statistics		4			yes
QMBE	1310	Statistics		4			yes
One course in chemistry							
CHEM	1130	General Chemistry I		4			yes
CHEM	1140	General Chemistry II		4			yes
One course in physics							
PHYS	1150	Algebra-based Physics I		4			yes
PHYS	1160	Algebra-based Physics II		4			yes
PHYS	1230	General Physics I		4			yes
PHYS	1240	General Physics II		4			yes
Four elective courses from the list below (or others with program director approval):							
BIOL	3050	Principles of Genetics		4			yes
BIOL	3060	Principles of Cell Biology		4			yes
EXSC	3980	Topic: Motor Control & Learning		4			no
EXSC	5510	Advanced Exercise Physiology		4			no
MATH	1170	Calculus I		4			yes
INDI	2220	Medical Terminology (St. Kates)					yes
Writing intensive course in the major:							

*Department approval is required for transfer courses or other substitutions. Courses used as substitutions must be initialed by Department Chair.

**In order to graduate, you must have at least 48 Breadth of Study credits (credits outside your major department). See above for courses in your major that also count toward Breadth of Study.

Student signature: _____ Date: _____
 (required)

Exercise science advisor signature: _____ Date: _____
 (required)

Department chair/director signature: _____ Date: _____
 (required for course substitutions and waivers)