

The University of Texas at Tyler
Department of Health & Kinesiology

DEGREE PLAN - MASTER OF SCIENCE IN CLINICAL EXERCISE PHYSIOLOGY

Name: _____ ID#: _____

Mailing Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Personal E-mail: _____

Date/Semester of Admission: _____

Original Admission Status: Full Conditional Provisional

First Semester of Full Admission Status: _____

Planned Final Semester of Course Work: _____

Schedule for comprehensive exam:

ACSM RCEP Exam - Date: _____

OR

H&K Department Exam - Date: _____

Notes:

Curriculum (43 semester hours)

| <u>Grade</u> | <u>Substitution</u> | <u>Planned Semester</u> | <u>Semester Taken</u> | <u>Hours</u> |
|---|---------------------|-------------------------|-----------------------|--------------|
| _____ CEPH 5213/5214: Diagnostic Tests & Exercise Prescription/Lab | _____ | _____ | _____ | _____ |
| _____ CEPH 5223/5224: Cardiorespiratory Exercise Physiology/Lab | _____ | _____ | _____ | _____ |
| _____ KINE 5216/5217: Exercise Metabolism/Lab | _____ | _____ | _____ | _____ |
| _____ ALHS 5104: Exercise-Drug Interactions | _____ | _____ | _____ | _____ |
| _____ CEPH 5221/5222: Neuromuscular Exercise Physiology/Lab | _____ | _____ | _____ | _____ |
| _____ KINE 5304: Exercise Psychology | _____ | _____ | _____ | _____ |
| _____ KINE 5219/5220: Exercise for Special Populations I/Lab | _____ | _____ | _____ | _____ |
| _____ ALHS 5354: Program Management | _____ | _____ | _____ | _____ |
| _____ HECC 5303: Research Design | _____ | _____ | _____ | _____ |
| _____ HECC 5391: Practicum | _____ | _____ | _____ | _____ |
| _____ HECC 5392: Practicum | _____ | _____ | _____ | _____ |
| _____ KINE 5221/5222: Exercise for Special Populations II/Lab | _____ | _____ | _____ | _____ |
| _____ HECC 5397: Internship | _____ | _____ | _____ | _____ |

Signatures:

Student _____ Date _____
 Advisor _____ Date _____