

The University of Texas at Tyler
Department of Health & Kinesiology

DEGREE PLAN - MASTER OF SCIENCE IN KINESIOLOGY

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: _____

Thesis:

Advisor: _____

Committee Chair: _____

Committee Members: _____

Notes: _____

Curriculum (36 semester hours)

<u>Grade</u>	<u>Substitution</u>	<u>Planned Semester</u>	<u>Semester Taken</u>	<u>Hours</u>
_____ CEPH 5221/5121: Neuromuscular Exercise Physiology/Lab	_____	_____	_____	_____
_____ CEPH 5223/5123: Cardiorespiratory Exercise Physiology/Lab	_____	_____	_____	_____
_____ HECC 5303: Research Design	_____	_____	_____	_____
_____ HECC 5317: Biometric Methods	_____	_____	_____	_____
_____ KINE 5216/5116: Exercise Metabolism/Lab	_____	_____	_____	_____
_____ KINE 5335: Biomechanics	_____	_____	_____	_____
_____ HECC 5395: Thesis I	_____	_____	_____	_____
_____ HECC 5396: Thesis II	_____	_____	_____	_____

Electives (12 semester hours selected with advisor approval)

<u>Grade</u>	<u>Course</u>	<u>Planned Semester</u>	<u>Semester Taken</u>	<u>Hours</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signatures:

Student _____

_____ Date

Advisor _____

_____ Date