

EXERCISE SCIENCE AND PRE-HEALTH PROFESSIONS SUGGESTED FOUR-YEAR PROGRAM

Name: _____
Major(s): _____

Campus Phone: _____
E-mail Address: _____

FALL	SPRING	SUMMER
YEAR:	YEAR:	YEAR:
YEAR:	YEAR:	YEAR:
YEAR:	YEAR:	YEAR:
YEAR:	YEAR:	YEAR:

EXS:
125-2
142-1
144-2
240-3
320-4
331-4
334-4
335-4
350-3
391-3
401-3
407-3
489-4
492-3

PREFERRED INTERNSHIP AREA

INTENDED SEMESTER/YEAR FOR INTERNSHIP:

ADDITIONAL COMMENTS:

CHECKPOINTS

- _____ 128 hours completed
- _____ 48 hours of 300+ level classes
- _____ Magis Core completed
- _____ Major requirements completed
- _____ Language requirement satisfied
- _____ Minor requirements completed