# EXERCISE SCIENCE SUGGESTED FOUR-YEAR PROGRAM
## CARDIAC REHABILITATION

Name: ___________________________  
Campus Phone: ___________________  
E-mail Address: ___________________

<table>
<thead>
<tr>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
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</thead>
</table>
| **YEAR: (MAINLY CORE COURSES)**  
CHM 203/4 "General Chemistry"  
EXS 142 "Personalized Weight Training"  
**YEAR: (MAINLY CORE COURSES)**  
BIO 212 "General Biology"  
EXS 144 "Aerobics"  
EXS 195 "Introduction to Athletic Training"  
**YEAR:**  
**Declares EXS major**  
EXS 240 "Designing a Personalized Fitness Program"  
EXS 331 "Human Anatomy"  
**YEAR:**  
EXS 125 "First Aid"  
EXS 320 "Human Physiology"  
EXS 491 "Exercise Leadership and Program Administration" (CW) or Fall Jr. Year  
**YEAR:**  
**Declares EXS major**  
EXS 334 "Biomechanics"  
EXS 335 "Exercise Physiology"  
**YEAR:**  
EXS 350 "Nutrition for Health and Sports Performance" (CW)  
EXS 401 "Exercise Prescription"  
**YEAR:**  
EXS 489 "Laboratory Methods and Procedures"  
EXS 407 "Basic Statistics and Research Design" (CW)  
**YEAR:**  
SRP (various courses)  
EXS 492 "Exercise Science Internship"  
**YEAR:**

**PREFERRED INTERNSHIP AREA/WHEN(Semester/Yr):**  
___________________________ / ___________________  

**ADDITIONAL COMMENTS:**

<table>
<thead>
<tr>
<th>CHECKPOINTS</th>
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<tbody>
<tr>
<td>128 hours completed</td>
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<tr>
<td>48 hours of 300+ level classes</td>
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<tr>
<td>Core completed</td>
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<tr>
<td>Major requirements completed</td>
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<tr>
<td>4 certified writing courses</td>
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<tr>
<td>Language requirement satisfied</td>
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