



**MASTER OF SCIENCE ATHLETIC TRAINING
PLAN OF STUDY**

Name: _____ Address: _____

Student ID #: _____

Email Address: _____ Advisor: _____

Catalog Year _____

I have read the graduate catalog

<u>COURSES</u>	<u>Credits</u>	<u>Grade</u>	<u>Term</u>
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I. Required Coursework

HHP 502 Research in Exercise and Sports Science	3	_____	_____
NUTR 411 Nutrition for Sports and Exercise	3	_____	_____
HHP 550 Psychological Principles	3	_____	_____
AHAT 546 General Medical Assessment	3	_____	_____
AHAT 534 Athletic Training Techniques I	3	_____	_____
AHAT 535 Athletic Training Techniques II	3	_____	_____
AHAT 540 Practicum in Athletic Training I	1	_____	_____
AHAT 542 Lower Extremity Assessment	3	_____	_____
AHAT 544 Upper Extremity Assessment	3	_____	_____
AHAT 541 Practicum in Athletic Training II	1	_____	_____
AHAT 566 Therapeutic Modalities	3	_____	_____
AHAT 572 Therapeutic Exercise	3	_____	_____
AHAT 550 Practicum in Athletic Training III	1	_____	_____
AHAT 551 Practicum in Athletic Training IV	1	_____	_____
AHAT 580 Pharmacology for the Healthcare Professional	3	_____	_____
AHAT 578 Organization, Administration in Athletic Training	3	_____	_____
HHP 598 Research Project OR	3	_____	_____
HHP 599 Thesis (2 semesters 3 credits each semester)	6	_____	_____

Total Minimum Semester Credits 43-46

Advisor: _____ Date: _____

Student: _____ Date: _____

Chair: _____ Date: _____

Dean: _____ Date: _____

APPROVED: Director of Graduate Studies: _____ Date: _____

MASTERS DEGREE COMPLETION DATE: _____ SIX YEAR EXPIRATION: _____