Western Oregon UNIVERSITY

MASTER OF SCIENCE IN HUMAN WELLNESS AND PERFORMANCE

Name: _____ Address: _____

V-number _____

WOU Email address: _____

Phone: _____ □ Cell □ Home □ Work Advisor: _____

	COURSES		Term	Grade	Credits
I.	**Core Courses** (20 credits)				
	EXS 588	Exercise Motivation and Adherence			4
	EXS 590	Research Methods			4
	EXS 698	Exercise Science Internship Credits 1-12			12
II.	**Elective Credits** (12-16 credits)				
	EXS 526	Sports and Exercise Nutrition			4
	EXS 553	Pathophysiology & Exercise			4
	EXS 555	Physical Activity & Aging			4
	EXS 577	Advanced Programming for Sports & Fitness			4
	EXS 584	Advanced Topics in Biomechanics			4
	EXS 586	Advanced Topics in Motor Behavior			4
	EXS 587	Advanced Topics in Exercise Physiology			4
	EXS 589	Advanced Topics: Adapted Physical Activity			4
	EXS 607	Seminar Credits 1-9			1-9
	EXS 609	Practicum Credits 1-9			1-9
III.	**Interdisciplinary Graduate Credits** (9-16 credits)				
IV.	**Exit Requirement** **select one option from below*				
	A.	Professional Project			
	B.	Professional Certification Exam (there is a cost associated with taking the exam)			

TOTAL QUARTER HOURS: **45-52**

Note: Graduate coursework must be done at the 500 or 600 level with no more than 50% done at the 500 level.

Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

APPROVED: Director of Graduate Student Success & Recruitment

_____ Date: _____

Date of Exit Requirement: _____

Exit Requirement Final Documentation:

MASTER'S DEGREE COMPLETION DATE: _____