**STUDENT INFORMATION**

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| **Student’s Name:**       | **NAU ID:**        |
| **E-mail Address:**      @nau.edu  | **Phone Number:**       |
| **Enrollment Term:**        (ex. Summer 2016) | **Expected Graduation:**       (ex. Spring 2018) |
| **Advisor:**       |
| **Total Required Credits for this Degree Program:** **58**  |
| **This is the:** [ ]  **Initial** (upon admission) [ ]  **Final** (submitted with Graduation Application) **Program of Study** |

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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P\*\*** |
| 1. **Core/Required Courses (40 units required)**
 |
| \* | AT 500 | Bracing and Padding in Athletic Training |       |       |       |       |       |       |
| \* | AT 510 | Ethics in Athletic Training Practices |       |       |       |       |       |       |
| \* | AT 520 | Anatomy for Athletic Trainers  |       |       |       |       |       |       |
| \* | AT 525 | Rehabilitation of Athletic Injuries I |       |       |       |       |       |       |
| \* | AT 526 | Rehabilitation of Athletic Injuries II |       |       |       |       |       |       |
| \* | AT 530 | Therapeutic Modalities |       |       |       |       |       |       |
| \* | AT 535 | Pathophysiology of Medical Conditions and Pharmacology in Athletic Training |       |       |       |       |       |       |
| \* | AT 540 | Lower Extremity Injury Evaluations |       |       |       |       |       |       |
| \* | AT 545 | Upper Level Extremity Injury Evaluation |       |       |       |       |       |       |
| \* | AT 550 | Research Proposal Development |       |       |       |       |       |       |
| \* | AT 555 | Research Methods in Athletic Training |       |       |       |       |       |       |
| \* | AT 610 | Nutrition for Athletic Performance |       |       |       |       |       |       |
| \* | AT 620 | Administration in Athletic Training Practice |       |       |       |       |       |       |
| \* | AT 625 | Professional Development in Athletic Training |       |       |       |       |       |       |
| \* | AT 635 | Psychology of the Injured Athlete |       |       |       |       |       |       |
| \* | AT 650 | Research Evaluation in Athletic Training |       |       |       |       |       |       |

Student’s Name:       NAU ID:

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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P\*\*** |
| 1. **Clinical Education Component (16 units required)**
 |
| \* | AT 501 | Clinical Education I |       |       |       |       |       |       |
| \* | AT 502 | Clinical Education II |       |       |       |       |       |       |
| \* | AT 503 | Clinical Education III |       |       |       |       |       |       |
| \* | AT 504 | Clinical Education IV |       |       |       |       |       |       |
| \* | AT 505 | Clinical Education V |       |       |       |       |       |       |
| 1. **Applied Research Project or Comprehensive Exam (2 units required)**
 |
| * 1. **[ ]  Applied Research Project (2 units required):** Students enrolled in AT 655 will work with faculty on a culminating project.
 |
| \* | AT 655 | Research IV – Applied Project |       |       |       |       |       |       |
| * 1. **[ ]  Comprehensive Exam (2 units required):** Students enrolled in AT 597 must take and pass a written comprehensive exam.
 |
| \* | AT 597 | Reading for Comprehensive Exam |       |       |       |       |       |       |

**ADDITIONAL INFORMATION**

In addition to all University and Graduate College policies, procedures, and requirements, graduate students must also adhere to the academic requirements, policies, procedures, and criteria outlined by their program’s Graduate Student Handbook.

**Students:**

You must secure official approval by your advisor and Department Chair/Director before submitting the final Program of Study.

By signing or entering your name below, you agree to the following statement:

 *“Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan for their catalog year and adhering to all policies in the Academic Catalog.”*

**Advisors and Chairs/Directors:**

Please indicate approval of the curriculum on the Program of Study by placing your signature (electronic signatures are permitted) in the space provided.

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| **Student:**       | **Date:**       |
| **Advisor:**       | **Date:**       |
| **Chair** (required for Final)**:**       | **Date:**       |

**\*\*Transfer/Equivalent/Previous Graduate Degree** – Must have Advisor approval

Transfer T = Course transferred from another university

Previous Graduate Degree P = Course taken at NAU from previous graduate degree

Equivalent E = Course taken at NAU in place of required course

Internal Transfer I = Graduate level course taken as undergraduate; Not applied to undergraduate degree

**Transfer Credit Example:**

|  |  |  |  |  |  |  |  |  |
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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P\*\*** |
|  | **ABC 123** | **Fundamentals of English** | **ASU 456** | **Fall**  | **2012** | **3** | **A** | **T/ASU** |