**STUDENT INFORMATION**

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| **Student’s Name:**       | **NAU ID:**        |
| **E-mail Address:**      @nau.edu  | **Phone Number:**       |
| **Enrollment Term:**        (ex. Summer 2013) | **Expected Graduation:**       (ex. Spring 2015) |
| **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 (2 units required)**
 |
| \* | AT 655 | Research IV – Applied Project |       |       |      |    |   |       |

**Signatures**

By signing 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.”*

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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** |