College of Graduate Studies
Degree Plan for M.S. in Exercise Science
Non-Thesis Track

Part I – Student Information

Name: ___________________________________________________________ MTSU ID# M _________________________________

Current Mailing Address: ________________________________________________________________________________________

City, State, Zip: ______________________________________________ MTSU Email Address: __________________________

Minor: ____________________________ (If applicable)

I understand that if human or animal subjects are involved in my research (including thesis research), it is my responsibility to file a research protocol application with the Institutional Review Board (Sam H. Ingram Building, 011B) before I begin collecting data. Failure to secure this permission prior to conducting my data collection using human or animal subjects will negate the use of that data for any academic purpose including thesis.

______________________________________________________  ____________________________________
Signature of Student                                                                         Date

Part II – Signatures and Approvals

All signatures in this area are required for approval of Degree Plan

I certify that the following program, when successfully completed, meets all coursework requirements for this degree.

_________________________________________________ ______________________________________________  ____________________________
Graduate Advisor’s Name (Print)                                                        Graduate Advisor’s Signature

__________________________________________________________  ____________________________
HHP Graduate Program Director’s Name (Print)                     HHP Graduate Program Director’s Signature

__________________________________________________________  ____________________________
College of Graduate Studies Approval                                                                      Date

Signatures in this area are required for approval if applicable to degree program

Minor Advisor

_________________________________________________ _______________________________________           _________________
Graduate Minor Advisor (Print)                                                             Signature                                                                   Date
Part III – Course Information

List ONLY graduate-level courses to be counted toward the degree. Include completed as well as enrolled courses and those courses that will be taken to fulfill degree requirements.

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Course Title</th>
<th>Cr Hrs</th>
<th>Grade</th>
<th>Course ID</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHP 6700</td>
<td>Data Analysis and Organization for Human Performance</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXSC 6650</td>
<td>Exercise Physiology</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HHP 6610</td>
<td>Research Methods in Health and Human Performance</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXSC 6830</td>
<td>Laboratory Techniques in Exercise Science</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXSC 6840</td>
<td>Adv. Exercise Prescription &amp; Assessment</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXSC 6880</td>
<td>Internship or Special Project</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXSC 6870</td>
<td>Cardiovascular Assessment &amp; Rehabilitation</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Exercise Science Core Requirements (24 credit hours)

Approved Electives (12 credit hours) (To be selected in consultation with advisor. 6 hours must have an EXSC prefix.)

(Note: No more than THREE 5000-level courses may be counted towards the master’s degree)

OTHER

department must verify that all admission condition(s) were or were not met:

Department Admissions Conditions Met? Yes [ ] No [ ]

Eff. Fall 2014