



**DEPARTMENT OF KINESIOLOGY  
MAJOR FORM – B.S. KINESIOLOGY (120 units)  
INDIVIDUALIZED STUDIES SPECIALIZATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Current Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 First College Semester: \_\_\_\_\_ Year of Handbook Followed: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_  
 Have you been continuously enrolled? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, when did you re-enter: \_\_\_\_\_

**LOWER DIVISION PREREQUISITES FOR MAJOR:**

- If an equivalent course was taken at another institution, type the institution and course number in the first 2 columns with \* below.
- All LD Prerequisite courses must be completed with a C- or better

| Name of Institution* | Course #* | SJSU Course # | SJSU Course Title           | Term/Year | Units | Grade |
|----------------------|-----------|---------------|-----------------------------|-----------|-------|-------|
|                      |           | BIOL 65       | Human Anatomy               |           | 4     |       |
|                      |           | BIOL 66       | Human Physiology            |           | 5     |       |
|                      |           | CHEM 30A      | Introductory Chemistry      |           | 3     |       |
|                      |           |               | GE MATH B4                  |           | 3     |       |
|                      |           | KIN 70        | Introduction to Kinesiology |           | 3     |       |

**CORE/SPECIALIZATION/AREA Z CURRICULUM: Use abbreviations for term (i.e. FA19, W19, SU20, SP20, etc.).**

- All Core (including 4 Activity Classes) and Specialization courses must be completed with a C- or better
  - Exceptions: KIN 100W which must be completed with a C or better (University policy)

| Course   | Title               | Term | Units | Grade | Course  | Title | Term | Units | Grade |
|--|---------------------|------|-------|-------|---|-------|------|-------|-------|
| KIN 100W   | Writing Workshop    |      | 3     |       | <b>Upper Division KIN Coursework (18 Units)</b> |       |      |       |       |
| KIN 155  | Exercise Physiology |      | 3     |       | KIN   |       |      | 3     |       |
| KIN 158  | Biomechanics        |      | 3     |       | KIN   |       |      | 3     |       |
| Please select one of the following: KIN 160, KIN 161, KIN164 |                     |      |       |       | KIN   |       |      | 3     |       |
|  |                     |      | 3     |       | KIN   |       |      | 3     |       |
| Please select one of the following: KIN 165 or KIN166        |                     |      |       |       | KIN   |       |      | 3     |       |
|  |                     |      | 3     |       | KIN   |       |      | 3     |       |
| KIN 175  | Measurement & Eval  |      | 3     |       | <b>Electives (17-19 Units)</b>                  |       |      |       |       |
| KIN 185  | Senior Seminar      |      | 1     |       |   |       |      |       |       |
| Internship in Kinesiology (1-3 units)                        |                     |      |       |       |   |       |      |       |       |
| KIN 198  | Internship in KIN   |      |       |       |   |       |      |       |       |
|  |                     |      |       |       |   |       |      |       |       |
|  |                     |      |       |       |   |       |      |       |       |

**ACTIVITY COURSES FOR THE KIN CORE (4) AND FOR UNIVERSITY GRADUATION (2) REQUIREMENTS:**

- If an equivalent course was taken at another institution, type the institution, course number, and course title in the space provided.

Note: The four (4) activity courses for the KIN Core must be from four (4) different movement areas

Note: Only one (1) activity course from varsity intercollegiate athletics (i.e., ATHS) may be used

| Name of Institution | Course # | Course Title | Mvmt Area | Term/Year | Units | Grade |
|---------------------|----------|--------------|-----------|-----------|-------|-------|
|                     |          |              |           |           | 1     |       |
|                     |          |              |           |           | 1     |       |
|                     |          |              |           |           | 1     |       |
|                     |          |              |           |           | 1     |       |
|                     |          |              |           |           | 1     |       |
|                     |          |              |           |           | 1     |       |

Remove \_\_\_\_\_ Replace with \_\_\_\_\_  
 Remove \_\_\_\_\_ Replace with \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Advising Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
 UG Coordinator/Dept. Chair: \_\_\_\_\_ Date: \_\_\_\_\_

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