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First Name:			Las	st Name					dent ID:				
Current Phone #:						mail Address:							
First College Semester:			Year of Handbook F			ollowed: Expected				d Graduation Date:			
Have you b	peen continuously er	rolled?	?	Yes	N	No .	If not, who	en did you re-ente	r:				
LOWER I	DIVISION PRERE	QUISI	TES FOR	R MAJ(	OR:								
	quivalent course wa DPrerequisite course				• •			nd course number	in the firs	t <b>2</b> colu	mns with	* below.	
Name of Institution*			Course #	#* SJ	SJSU Course #		SJSU Course Title		Tern	Term/Year U		Grade	
				BI	BIOL 65		Human Anatomy				4		
				BIOL 66			Human Physiology				5		
				CHEM 30A			Introductory Chemistry				3		
							GE MATH B4				3		
				KI				tion to Kinesiolog	<u>y</u>		3		
CORE/SU	B-CORE/AREA Z	CURF	RICULUN	Л: Use а	abbreviat	ions	for term (	i.e. FA19, W19, S	SU20, SP2	20, etc.).			
	ore (including 4 Acti									, ,			
0								tter (University po					
Course	Title		Term	Units	its Grade		Course	Title		Tern	n Unit	s Grade	
XIN 100W	Writing Workshop			3		KIN 175		Measurement &	Eval		3		
XIN 151	Sport & Fitness Mktg			3		KIN 185 Senior		Senior Seminar			1		
XIN 152	Theory of Spt Mgmt			3		Please select KIN 180 or		KIN 180 or KIN 1	98 (1-3 ur	its)			
XIN 153	Sport Fac & Evnt Mgt			3		WDI 100 T		1					
XIN 155	Exercise Physiology			3				Internship in Ki			3		
XIN 158	Biomechanics			3			Guided Electives (14-16 Units) or						
XIN 160	History of Sport &			3		Approved Minor: If minor, please submit official minor form, do not list work here.							
XIN 161 XIN 164	IN 161 Philos Persp of Sport IN 164 Sociocultural Perspect.			3		11 11	illioi, pica		IIIIIIOI IOI	iii, do iic	Ji list woi	T IICIC.	
	et one of the following		I I 165 or K									-	
Touse serve	tone of the followin	1g. 1XII	103 01 1	3									
Please selec	et one of the following	ıg: KIN	167 or K	IN168	1								
10110mg. 111.				3									
• If an e Note Note	Y COURSES FOR quivalent course wa e: The four (4) activities: Only one (1) activities	s taken ity cour vity cou	at anotherses for the	r institut e KIN C	tion, type Core must	the ir be fro iate a	nstitution, om four (4 athletics (i.	course number, ar ) different movem	nd course to nent areas	itle in th		orovided.  Grade	
Name of Institution (		Col	urse #		Course		e	Wivint Area	1 erm/ 1	ear	1	Grade	
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Remove						Repl	lace with						
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Advisor:									Date:				
Advising Manager:										Date: Date:			
C	inator/Dept. Chair:								Date:	-			
O COOIG	mator/Dept. Chair.								Date.				

<u>OTES</u>	