

NAME _____

LBCC Graduation Worksheet 2005-2006

I.D. NO. _____

Associate Of Science

Exercise & Sport Science Emphasis

AS 4969

Instructions: Use this worksheet to track your progress toward graduation. You must be able to check off all the boxes on each page to receive this degree. The college catalog and your advisor are two resources you can turn to if you need help. When you are within two terms of completion, meet with your advisor and have him or her sign this form. You should apply for graduation one term prior to the term you and your advisor determine you will meet all the requirements for completion. **When you apply for graduation you must attach this form to your application. Your application is incomplete without this form signed by your advisor.**

General Education Requirements Are Approved By The Admissions & Records Office

		Credits	
WRITING I			
WR 121	English Composition	3 c	_____
WRITING II			
WR 122	English Composition: Argument & Style.....	3 c	_____
SPEECH (select one)			
SP 111	Fundamentals of Speech		
SP 112	Introduction to Persuasion		
SP 218	Interpersonal Communication	3 c	_____
MATHEMATICS			
MTH 105	Intro to Contemporary Math or higher level	4 c	_____
HEALTH & PE			
PE 231	Lifetime Health & Fitness	3 c	_____
PERSPECTIVES (no more than two courses with the same prefix may be used by a student to satisfy the Perspectives category)			
	Biological Science (see catalog page 186).....	4 c	_____
	Physical Science (see catalog page 186).....	4 c	_____
	Biological or Physical Science (see catalog page 186).....	4 c	_____
	Cultural Diversity (see catalog page 187).....	3 c	_____
	Difference, Power & Discrimination (see catalog page 187).....	3 c	_____
	Literature and the Arts (see catalog page 187)	3 c	_____
	Social Processes and Institutions (see catalog page 187)	3 c	_____
	Western Culture (see catalog page 187).....	3 c	_____

Even though the theme of a Biology Course may be different, a Biology Course number may only be used once to satisfy the graduation requirements.

Degree Evaluator _____

Date _____

FOR OFFICE USE ONLY

Credit Toward This Degree

Total Cr. _____ LBCC Cr. _____ GPA _____ Approved Denied

Registrar _____

Date _____

AS 4969 HH

PROGRAM REQUIREMENTS LISTED ON REVERSE SIDE

Advisor Instructions: This is the student's official record of their progress. The student must present this form to the Admissions Office when they apply for graduation. Please address each requirement by checking off completed courses, indicating which courses the student plans to take, and clearly documenting substitutions or waivers.

PROGRAM REQUIREMENTS ARE APPROVED BY THE DEPARTMENT ADVISOR

		Credits	Waivers/ Substitutions	Advisor Initials	Date Approved
HE 225	Social & Individual Health Determinants	3 q			
HE 252	First Aid	3 q			
NFM 225	Nutrition	4 q			
PE 131	Intro to Health & Physical Education	3 q			

Select 34 credits from the following courses as electives 34 q _____

CHANGES MUST ALSO BE APPROVED BY
DIVISION DIRECTOR OR DEAN

- BI 231 Human Anatomy and Physiology (5 credits)
- BI 232 Human Anatomy and Physiology (5 credits)
- BI 233 Human Anatomy and Physiology (5 credits)
- BI 234 Microbiology (4 credits)
- HE 125 Occupational Safety & Health (3 credits)
- HE 151 Drugs in Society (3 credits)
- HE 204 Exercise & Weight Management (3 credits)
- HE 205 Diet & Nutrition for Active Life Styles (3 credits)
- HE 207 Stress Management (3 credits)
- HE 220 Intro to Epidemiology & Health Data Analysis (3 credits)
- HE 253 AIDS & Sexually Transmitted Diseases (3 credits)
- HE 263 Psychosocial Dimensions of Health (3 credits)
- PE 280 CWE (3+ credits)
- PSY 201 General Psychology (3 credits)
- SOC 204 General Sociology (3 credits)

Admissions & Records will perform a final evaluation to ensure all courses have been completed with appropriate grades before this degree is awarded to the student. Requirements such as general education, total credits and grade point average must be approved by the Registrar.

DEPARTMENT ADVISOR

Program requirements/proposed substitutions and waivers meet with my approval. Reasons for any changes are indicated and initialed on the appropriate line above.

DIVISION DIRECTOR or DEAN

Changes and/or substitutions in the program requirements have my approval.

Program Advisor Signature

Date

Division Director or Dean Signature

Date