

University of Louisville
College of Education and Human Development
**MASTER OF SCIENCE
IN EXERCISE PHYSIOLOGY
THESIS OPTION**

Name _____
Address _____
_____ Zip _____
Phone _____ Soc. Sec. # _____

Education Advising Center
College of Education and
Human Development
University of Louisville
Louisville, KY 40292
(502) 852-5597

MS IN EXERCISE PHYSIOLOGY: THESIS OPTION	HOURS EARNED	GRADE EARNED	COLLEGE OR UNIVERSITY
<u>First Year:</u>			
<u>Fall:</u>			
EXP 501 Applied Exercise Physiology (3)	_____	_____	_____
EXP 601 Lab Methods in Exercise Physiology (3)	_____	_____	_____
EXP 605 Human Physiology (3)	_____	_____	_____
<u>Spring:</u>			
EXP 502 Principles of Exercise Testing & Prescription (3)	_____	_____	_____
EXP 600 Physiology of Exercise (3)	_____	_____	_____
EDFD 601 Applied Statistics (3) <u>OR</u>	_____	_____	_____
HSS 604 Research Methods (3)	_____	_____	_____
<u>Summer:</u>			
EXP 604 Advanced Topics in Exercise Physiology (3)	_____	_____	_____
EXP 699 Thesis (1-6)	_____	_____	_____
<u>Second Year:</u>			
<u>Fall:</u>			
EXP 603 Seminar in Exercise Physiology (3)	_____	_____	_____
EXP 604 Advanced Topics in Exercise Physiology (3)	_____	_____	_____
EXP 699 Thesis (1-6)	_____	_____	_____
<u>Spring:</u>			
EXP 604 Advanced Topics in Exercise Physiology (3)	_____	_____	_____
EXP 699 Thesis	_____	_____	_____

Minimum Total: 33 hours

NOTE: This program is considered tentative unless signed by both the advisor and student.

Advisor _____ Date _____

Student _____ Date _____

FOR EAC USE ONLY

Advisor sent to _____

By _____

Date requested _____