

**University of Louisville
College of Education and Human Development
MASTER OF SCIENCE
IN EXERCISE PHYSIOLOGY
NON-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: NON-THESIS OPTION	HOURS EARNED	GRADE EARNED	COLLEGE OR UNIVERSITY
<u>First Year:</u>			
<i>Fall:</i>			
EXP 501 Applied Exercise Physiology (3)	_____	_____	_____
EXP 601 Lab Methods in Exercise Physiology (3)	_____	_____	_____
EXP 605 Human Physiology (3)	_____	_____	_____
<i>Spring:</i>			
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)	_____	_____	_____
<i>Summer:</i>			
EXP 604 Advanced Topics in Exercise Physiology (3)	_____	_____	_____
EXP 611 Principles of Electrocardiography (3)	_____	_____	_____
<u>Second Year:</u>			
<i>Fall:</i>			
EXP 603 Seminar in Exercise Physiology (3)	_____	_____	_____
EXP 604 Advanced Topics in Exercise Physiology (3)	_____	_____	_____
<i>Spring:</i>			
EXP 604 Advanced Topics in Exercise Physiology (3) (OPTIONAL)	_____	_____	_____
EXP 620 Clinical Internship (6)	_____	_____	_____

Minimum Total: 36 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 _____