

**GUIDANCE COMMITTEE and GUIDANCE PLAN**

**Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student I.D. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Entry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Completion Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Coursework: A minimum of 30 credit hours post-Master’s Degree, exclusive of KIN 990 & KIN 995

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| **Required Courses** | **Course #** | **Course Title** | **Course Type** | **Credits** | **Term** |
|  |  | Graduate Seminar – Kin 600 or equivalent |  |  |
|  |  |  | Professional Skills for Research Scientists – Kin 616 or equivalent |  |  |
|  |  |  | Advanced Statistics – course 1 |  |  |
|  |  |  | Advanced Statistics – course 2 |  |  |

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| **Kinesiology Electives**Two courses required, with a minimum of 6 credits |  |  |  |  |  |
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| **Classes in Interest Area Cognate**Two courses required – at least 4 credits must be taken outside Kinesiology |  |  |  |  |  |
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| **Research Rotation** | **Faculty** | **Course** | **Term** |
| * Please complete Kinesiology Research Rotation Contract
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| **Committee Members Name Printed:** | **Signature Approval of Plan:** | **Email Address:** | **Date:** |
| **Kinesiology Faculty Advisor** |  |  |  |
| **Kinesiology Faculty Member** |  |  |  |
| **Faculty Member Outside Kinesiology** |  |  |  |
| **(Optional)** |  |  |  |