

PLAN OF STUDY

Department Of Kinesiology

(Adapted Physical Education)

LOUISIANA TECH UNIVERSITY

Name _____ SS#/CWID _____

Mailing Address _____

Date of Admission: _____

Language(s) or Proficiency Tools to be used: _____

List all courses to be applied toward the degree which carry Louisiana Tech credit. If the course was taken or is to be taken by extension, write "Ex" at the right of the place for the grade; if taken or to be taken at Barksdale, write "BAFB" at the right of the place for the grade. List major subject area courses first, and then courses in the minor subject area.

DEPARTMENT AND NUMBERS	COURSE TITLE	WHEN OFFERED	CREDIT HOURS	GRADE
MAJOR: Program Requirements				
KINE 508	RESEARCH IN HEALTH & EXERCISE SCIENCES		3	
KINE 518	RECENT LITERATURE & RESEARCH IN PHYSICAL EDUCATION, PHYSICAL FITNESS & WELLNESS		3	
KINE 540	SPORT & EXERCISE IN SOCIETY		3	
Adapted Physical Education Cognate				
KINE 510	CURRICULUM & ASSESSMENT IN ADAPTED PHYSICAL EDUCATION		3	
KINE 511	MANAGING BEHAVIOR & IMPROVING PERFORMANCE IN APE		3	
KINE 512	INSTRUCTIONAL STRATEGIES IN ADAPTED PHYSICAL EDUCATION		3	
KINE 513	ADAPTED PHYSICAL EDUCATION: FROM THEORY TO PRACTICE		3	
KINE 520	MOTOR DEVELOPMENT & LEARNING		3	
KINE 535 (3), KINE 515 (3-6) OR KINIE 551 (6)	DIRECTED RESEARCH, INTERNSHIP OR THESIS		3 - 6	
Electives (6 – 9 hrs)				
* _____			3	
* _____			3	
* _____			3	
*Electives	Two or three three-hour courses from the following electives: KINE 407 (Exercise Prescription), KINE 410 (The Designing, Building, and Maintenance of Sport and Physical Fitness Facilities), or any KINE 500 or above, or approved courses from related areas in: Food and Nutrition, Life Science, Business/Marketing, Statistics, Chemistry, Statistical Methods, and Research			
KINE 585	COMPREHENSIVE EXAM		0	

No grade below "C" will count toward this degree (but all grades will be included in your average).

Consideration for reinstatement by the College of Education Graduate Committee will require a written recommendation from the Department of Kinesiology.

A **Comprehensive Examination** must be successfully completed during the last quarter of your program.

No deviation can be made on this Plan of Study without the **written approval** of your major advisor, and all relative administrators (Department Head, Director of Graduate Studies, Dean).

Courses NOT having your advisor and other required approval may not count toward graduation

No transfer courses can be considered as part of the program without the consent of the major advisor, the Department Head, the Director of Graduate Studies, and the Dean.

List all transfer credit which is to be applied toward the degree.

Department and Number	Course Title	Name of Instructor	Credit	Grade

List all courses required to remove subject matter deficiencies.

Department and Number	Course Title	Name of Instructor	Credit	Grade

List all courses required to satisfy language and tool proficiency requirements.

Department and Number	Course Title	Name of Instructor	Credit	Grade

Signature of Student _____

Date _____

*Approved:

Major Advisor _____

Date _____

Department Head _____

Date _____

Director, Graduate Studies _____

Date _____

Dean of the College _____

Date _____

Received: Graduate Office _____

Date _____

***The student must achieve and maintain unconditional status in order for this Plan of Study to remain valid.**