



**Submit approved CSP to: Max Orovitz 311 OR to pcapps@miami.edu Info at: 305-284-5663**

Name: \_\_\_\_\_ UM E-mail: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student ID: \_\_\_\_\_ / EMPL ID: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Student Signature: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_

**STUDENTS: READ THE FOLLOWING AND SIGN WHERE INDICATED ABOVE, WHICH WILL ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING:**

1. You have satisfied all Admission's Conditions, *if applicable*.
2. The Master's Degree Course Sequence Plan (CSP) must be filed in the SEHD Office of Graduate Studies by the end of the first semester of enrollment.
3. Include all courses that you are required to take or this form will be returned to you to complete.
4. A [Course Substitution](#) form must be on file for all courses taken outside your approved CSP.
5. Courses are subject to availability and time/semester offered is subject to change.
6. In addition to all required coursework, students must have at least a 3.0 CUM GPA and pass the programs **Comprehensive Exam** (*if applicable*) to qualify for graduation.

<b>Required Core in the Major (21-credits)</b>	<b>Credits / Grade</b>	<b>Term</b>	<b>Restricted Electives (9-credits)</b>	<b>Credits / Grade</b>	<b>Term</b>
KIN 630 Cellular Exer Phy	3 / ____		KIN _____	3 / ____	
KIN 631 Lab Tech in Funct Eval of Skeletal Muscle	3 / ____		KIN _____	3 / ____	
KIN 679 Prin of Exer Presc/Assess: Cardio	3 / ____		KIN _____	3 / ____	
KIN 686 Exer Presc/Assess Lab	3 / ____		<b><u>OR</u></b>		
KIN 735 Methods in Biomechanical Analysis	3 / ____		KIN 621 Advanced System Exercise Physiology	3 / ____	
KIN 784 Energetics of Obesity and Weight Management	3 / ____		KIN _____	3 / ____	
KIN 799 Special Project <b>Or</b> Comprehensive Exam plus 3-credit KIN Elective _____	3 / ____		KIN _____	3 / ____	
Approved Course Substitution, <i>if applicable</i> : KIN _____	3 / ____				