

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Sports Medicine Minor (0840)
School of Allied Health

Student Name: _____ ID #: _____
Mailing Address _____ Email: _____
(city, state, zip) _____ Tel #: _____
Catalog Authority: _____ Expected Completion: _____ Advisor: _____

SPORTS MEDICINE CORE REQUIREMENTS (25 credit hours)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
KINS 213 First Aid (2)	_____	_____
KINS 215 Basic Prevtn & Treatment of Athletic Injuries (3)	_____	_____
KINS 220 Advanced Athletic Training (3)	_____	_____
KINS 240/242 Anatomical & Physiological Kinesiology (3)	_____	_____
lab (1)	_____	_____
KINS 300 Nutrition/Diet Therapy		
<u>or</u> HLTH 464 Substance Use/Abuse _____ (3)	_____	_____
KINS 341/342 Physiology of Exercise/lab (3)	_____	_____
lab (1)	_____	_____
KINS 343 Biomechanics (3)	_____	_____
KINS 381 Internship - Sports Medicine (3)	_____	_____

Total Hours (minimum of 25 required) _____

Original completed on (date) _____ **Copy to Registrar on (date):** _____

Updated on (date): _____ **Grad. Audit sent on (date):** _____

Student Signature: _____ **date:** _____

Advisor Signature: _____ **date:** _____