

**WESTERN NEW MEXICO UNIVERSITY**  
**Degree Plan - Kinesiology Minor (0833)**  
**School of Allied Health**

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

**KINESIOLOGY CORE REQUIREMENTS (6 credit hours)**

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
EXSC 2115 Anatomy and Physiology	(3) _____	_____
KINS 341 Physiology of Exercise	(3) _____	_____

**KINESIOLOGY ELECTIVE COURSES (12 credit hours minimum)**

Select 12 credit hours minimum of Kinesiology courses which must be HLED 2135 or above

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
Course: _____ ( )	_____	_____
Course: _____ ( )	_____	_____
Course: _____ ( )	_____	_____
Course: _____ ( )	_____	_____
Course: _____ ( )	_____	_____

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**Total Hours (minimum of 18 required)** \_\_\_\_\_

**Original completed on (date)** \_\_\_\_\_ **Copy to Registrar on (date):** \_\_\_\_\_

**Updated:** \_\_\_\_\_ **Grad. Audit sent on (date):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

**Advisor Signature** \_\_\_\_\_ **date:** \_\_\_\_\_