

**WESTERN NEW MEXICO UNIVERSITY**  
**Degree Plan - Elementary or Secondary Education**  
**Teaching Field Endorsement: Health Science Education (0841)**  
**School of Education**

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

**HEALTH SCIENCE EDUCATION CORE REQUIREMENTS (27 hours minimum)**

**Select a minimum of 24 credits from the following list:**

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
KINS/PE 213 First Aid	(2) _____	_____
KINS/PE 240/242 Anatomical & Physiological Kinesiology	(4) _____	_____
HLTH/KINS 300 Nutrition/Diet Therapy	(3) _____	_____
HLTH 360 Intro to Personal & Community Health Science Ed	(3) _____	_____
HLTH 400 Curriculum & Methods in Health Science Ed	(3) _____	_____
HLTH 460 Wellness Program Planning & Evaluation	(3) _____	_____

**Select one of the following:**

CHDP 465 Pharmacology **or** HLTH 464 Substance Use/Abuse **or** SWK 415 Psychopharmacology

Course: \_\_\_\_\_ (3) \_\_\_\_\_

**Select one of the following:**

KINS 460 Exercise & Aging **or** HLTH 465 Wellness of the Senior Population

Course: \_\_\_\_\_ (3) \_\_\_\_\_

HLTH 470 Human Sexuality (3) \_\_\_\_\_

**Total Hours (minimum of 24 required):** \_\_\_\_\_

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

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

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

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