



Master of Science in Athletic Training

Prerequisite Completion Form

Please indicate below the course number, grade, description, and institution attended for each of the following required program prerequisites. If you are currently in the process of completing a prerequisite, please indicate the anticipated date of completion for the course. ALL prerequisite courses listed below must be completed with a C or better before starting classes in the MSAT program.

**Applicant's Name:** \_\_\_\_\_

**Human Anatomy (A&PI) with lab**

Course Name: \_\_\_\_\_

Prefix	Course#	Grade	University attended	Date completed
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Course description:

**Human Physiology (A&PII) with lab**

Course Name: \_\_\_\_\_

Prefix	Course#	Grade	University attended	Date completed
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Course description:

2018-2019

### **Physiology of Exercise**

Course Name: \_\_\_\_\_

Prefix	Course#	Grade	University attended	Date completed
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Course description:

### **Biomechanics/Kinesiology**

Course Name: \_\_\_\_\_

Prefix	Course#	Grade	University attended	Date completed
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Course description:

### **Personal Health and Wellness**

Course Name: \_\_\_\_\_

Prefix	Course#	Grade	University attended	Date completed
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Course description:

2018-2019

**Introduction to Psychology or Sport and Exercise Psychology**

Course Name: \_\_\_\_\_

Prefix	Course#	Grade	University attended	Date completed
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Course description:

**Chemistry I with lab**

Course Name: \_\_\_\_\_

Prefix	Course#	Grade	University attended	Date completed
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Course description:

**Chemistry II with lab - recommended**

Course Name: \_\_\_\_\_

Prefix	Course#	Grade	University attended	Date completed
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Course description:

2019-2018

**Physics I with lab**

Course Name: \_\_\_\_\_

Prefix	Course#	Grade	University attended	Date completed
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Course description:

**Physics II with lab - recommended**

Course Name: \_\_\_\_\_

Prefix	Course#	Grade	University attended	Date completed
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Course description:

**Human Nutrition**

Course Name: \_\_\_\_\_

Prefix	Course#	Grade	University attended	Date completed
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Course description:

2018-2019

**Medical Terminology**

Course Name: \_\_\_\_\_

\_\_\_\_\_  
Prefix

\_\_\_\_\_  
Course#

\_\_\_\_\_  
Grade

\_\_\_\_\_  
University attended

\_\_\_\_\_  
Date completed

Course description: