

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

**PROGRAM FOR THE MASTER OF SCIENCE DEGREE IN KINESIOLOGY  
Curriculum and Instruction Specialization**

CATALOG YEAR: 2015-2016

NAME    ADDRESS

CITY  State  ZIP  BRONCO ID#

PHONE    
Home Business

**I. REQUIRED COURSES (4 -15 units)**

Pref	No	Title	Units	*Q/Yr	Gr
KIN	590	Research Methods	3		
<b>Total:</b>			<b>3</b>		

<b>Option 1</b>					
KIN	591	Research Design	3		
KIN	695	Project or			
KIN	696	Thesis	9		
<b>Total:</b>			<b>12</b>		

<b>Option 2</b>					
KIN	697	Comprehensive Exam	1		
<b>Total:</b>			<b>1</b>		

**II. C & I SPECIALIZATION (9 units)**

KIN	553	Curric Devlpmnt in PE	3		
KIN	555	Eval Tchr Effctivns in PE	3		
KIN	559	Contemporary Physical Education	3		
<b>Total:</b>			<b>9</b>		

**III. ELECTIVES (21-32 units)**

\*Please see approved list of elective courses from department graduate coordinator.

Pref	No	Title	Units	*Q/Yr	Gr
KIN					
KIN					
<b>Total:</b>					

**GRADUATE OFFICE USE ONLY**

First program course taken \_\_\_\_\_

Quarter \_\_\_\_\_ Year \_\_\_\_\_

Completion required by end of \_\_\_\_\_

Quarter \_\_\_\_\_ Year \_\_\_\_\_

Contract Received: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

\* Make entry only for courses completed or in progress

ADVANCEMENT TO CANDIDACY Date \_\_\_\_\_

TOTAL UNITS, Parts I, II, III (Minimum - 45) \_\_\_\_\_

Student's Signature:		Date:	
Graduate Coordinator:		Date:	
Department Chair:		Date:	
College Dean:		Date:	
Graduate Analyst:		Date:	