

Master of Science Degree (M.S.)
ADAPTED PHYSICAL ACTIVITY
 Department of Health Education & Behavior
 University of Florida

Student: _____ UFID: _____ - _____

Committee Chair: _____ Committee Member: _____

Option: Non-Thesis Project in Lieu of Thesis Thesis

1. Core Coursework (18 credits) *

Number	Title	Credits	Term Offered	Term Taken	Grade
HSC 6037 HSC 6604	Philosophy & Principles of Health Education OR Theories of Health Behavior & Practice	3 3	F S		
HSC 6318	Planning Health Education Programs	3	S		
HSC 6507	Epidemiology	3	S		
HSC 6629	Health Promotion for Priority Populations	3	F		
HSC 6712	Evaluating Health Education Programs	3	F		
HSC 6735	Research Methods in Health Education	3	S		

2. Specialization Coursework (12 credits) *

Number	Title	Credits	Term Offered	Term Taken	Grade
PET 5127	Advanced Instructors of Adapted Aquatics	3	S		
PET 5646	Advanced Exercise Therapy & Adapted Physical Education	3	F, S, Sum A		
PET 5655	Medical Aspects of Individuals With Disabilities	3	F		
PET 6426	Advanced Curriculum & Assessment in Movement Pedagogy OR	3	S		
PET 6706	Research Bases on Teaching Physical Activity	3	F		

3. Select Additional Coursework (A.) or Thesis/Project (B.) *

3. A. Additional Department Coursework (6 credits)

Number	Title	Credits	Term Offered	Term Taken	Grade
HSC 5135	Emotional Health Education	3	F, S		
HSC 5138	Human Sexuality	3	F, S, Sum A		
HSC 5142	Drug Education	3	F, S, Sum A		
HSC 5315C	Teaching Health in Elementary Schools	3	F, S		
HSC 5576	Nutrition Education	3	F, S, Sum A		
HSC 6850	Internship in Adapted Physical Activity	3	F, S, Sum		
HSC 6935	Teaching Strategies in Pedagogy	3	F		

3. B. Thesis/Project in Lieu of Thesis (6 credits minimum)

Number	Title	Credits	Term Offered	Term Taken	Grade
HSC 6971	Research for Master's Thesis	6	F, S, Sum		
HSC 6973	Project in Lieu of Thesis	6	F, S, Sum		

*Substitution of other department courses allowed if student completed the same courses or equivalent courses.

MS/Adapted Physical Activity, page 2

4. Electives Selected in Consultation with Advisor

Number	Title	Credits	Term Offered	Term Taken	Grade

PROGRAM APPROVAL:

The student's signature below indicates that: (1) the student understands and accepts the program of study; (2) the student understands that changes to the program of study must be approved in advance by the Committee Chair, who will make the changes on this form, then initial and date the changes; (3) the student received a copy of the program of study.

Student Signature

Date

Supervisory Committee Chair

Date

Graduate Coordinator

Date

Department Chair

Date

Minimum Credits Required for Degree: 36 credits

Minimum Credits Required for Student Program: 36 credits

Total Credits Completed: _____

Cumulative Grade Point Average: _____

Graduation (Term/Year): _____

Date Comprehensive Examination Passed: _____

Notes: