**STUDENT INFORMATION**

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| **Name:**       | **NAU ID:**        |
| **NAU E-mail Address:**        | **Phone Number:**       |
| **Term of Admission:**         | **Expected Graduation Term/Year:**        |
| **Advisor:**       | **Required Credits for Degree Program: 58** |

# **Core/Required Courses (43 units required):**

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| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| AT 500 | Bracing and Padding in Athletic Training |       |       |       |       |       |       |
| AT 510 | Ethics in Athletic Training Practices |       |       |       |       |       |       |
| AT 515 | Biomechanics |       |       |       |       |       |       |
| AT 520 | Anatomy for Athletic Trainers  |       |       |       |       |       |       |
| AT 525 | Rehabilitation of Athletic Injuries I |       |       |       |       |       |       |
| AT 526 | Rehabilitation of Athletic Injuries II |       |       |       |       |       |       |
| AT 530 | Therapeutic Modalities |       |       |       |       |       |       |
| AT 535 | Pathophysiology of Medical Conditions and Pharmacology in Athletic Training |       |       |       |       |       |       |
| AT 536 | Pharmacology |       |       |       |       |       |       |
| AT 540 | Lower Extremity Injury Evaluations |       |       |       |       |       |       |
| AT 545 | Upper Level Extremity Injury Evaluation |       |       |       |       |       |       |
| AT 555 | Research Methods in Athletic Training |       |       |       |       |       |       |
| AT 610 | Nutrition for Athletic Performance |       |       |       |       |       |       |
| AT 620 | Administration in Athletic Training Practice |       |       |       |       |       |       |
| AT 625 | Professional Development in Athletic Training |       |       |       |       |       |       |
| AT 630 | Health Informatics and Epidemiology  |       |       |       |       |       |       |
| AT 635 | Psychology of the Injured Athlete |       |       |       |       |       |       |

**II. Clinical Education Component (13 units required)**

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| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| AT 501 | Clinical Education I |       |       |       |       |       |       |
| AT 502 | Clinical Education II |       |       |       |       |       |       |
| AT 504 | Clinical Education IV |       |       |       |       |       |       |
| AT 505 | Clinical Education V |       |       |       |       |       |       |

**III. Comprehensive Exam (2 units)**: Students enrolled in AT 597 must take and pass a written comprehensive exam.

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| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| AT 597 | Reading for Comprehensive Exam |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

**ADDITIONAL INFORMATION**

This Program of Study documents your progress on your academic requirements for the degree and catalog year listed above. For Department of Defense-related requirements, it serves as the evaluated and approved educational plan.

In addition to all University and Graduate College policies, procedures, and requirements, graduate students must also adhere to the academic requirements, policies, procedures, and criteria outlined by their program’s Graduate Student Handbook.

**Students:**

You must secure official approval by your advisor and Department Chair/Director before submitting the final Program of Study.

By signing or entering your name below, you agree to the following statement:

 *“Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan for their catalog year and adhering to all policies in the Academic Catalog.”*

**Advisors and Chairs/Directors:**

Please indicate approval of the curriculum on the Program of Study by placing your signature (formal electronic signatures are permitted) in the space provided.

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| --- | --- |
| **Student:**       | **Date:**       |
| **Advisor:**       | **Date:**       |
| **Chair:**       | **Date:**       |

**\*\*Transfer/Previous Graduate Degree/Internal Transfer/Accelerated (T/P/I/A)** – Must have Advisor approval

Transfer T = Course transferred from another university

Previous Graduate Degree P = Course taken at NAU from previous graduate degree

Internal Transfer I = Graduate level course taken as undergraduate; Not applied to undergraduate degree

Accelerated Program “Dual-use” A = Courses completed during the undergraduate career and used to satisfy both the Bachelors and Master’s degree requirements. ONLY for designated Accelerated students.