GEORGIA COLLEGE & STATE UNIVERSITY

College of Health Sciences

School of Health & Human Performance

Program of Study

MASTER OF SCIENCE in ATHLETIC TRAINING

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| --- | --- |
| Name: | GCID# |
| Address: |
| Email: | Telephone: |

Full-Time Sequence

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| --- | --- | --- | --- |
| **Course Requirements** | **Hours** | Semester | **Year** |
| [KINS 6405](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6405) Seminar in Athletic Training | 2 | Summer I | I |
| [KINS 6420](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6420) Therapeutic Interventions I | 3 | Summer I | I |
| [KINS 6415](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6415) Emergency Management and Standards of Care in AT | 2 | Summer II | I |
| [KINS 6410](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6410) Evidence Based Medicine in Athletic Training | 2 | Summer II | I |
| [KINS 6445](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6445) Clinical Experience in Athletic Training I | 2 | Fall | I |
| [KINS 6425](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6425) Physical Exam I: Lower Extremity | 3 | Fall | I |
| [KINS 6421](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6421) Therapeutic Interventions II | 3 | Fall | I |
| [KINS 6803W](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6803) Research Methods Kinesiology I | 3 | Fall | I |
| [KINS 6446](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6446) Clinical Experience in Athletic Training II | 2 | Spring | I |
| [KINS 6426](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6426) Physical Exam II: Upper Extremity | 3 | Spring | I |
| [KINS 6653W](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6653) Sports Nutrition | 3 | Spring | I |
| [KINS 6422](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6422) Therapeutic Interventions III | 3 | Spring | I |
| [KINS 6813W](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6813) Research Methods Kinesiology II | 3 | Spring | I |
| [KINS 6430](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6430) Pathophysiology | 2 | Summer I | II |
| [KINS 6447](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6447) Clinical Experience in Athletic Training III | 1 | Summer II | II |
| [KINS 6435W](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6435) Pharmacological Interventions | 2 | Summer II | II |
| [KINS 6448](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6448) Clinical Experience in Athletic Training IV | 3 | Fall | II |
| [KINS 6423](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6423) Therapeutic Interventions IV | 3 | Fall | II |
| [KINS 6427](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6427) Physical Exam III: Head, Neck, and Spine | 3 | Fall | II |
| KINS 6823 W Admin Health and Human Services | 3 | Fall | II |
| [KINS 6449](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6449) Clinical Experience in Athletic Training V | 6 | Spring | II |
| [KINS 6440W](http://catalog.gcsu.edu/en/2018-2019/Graduate-Catalog/Course-Descriptions/KINS-Kinesiology/6000/KINS-6440) Athletic Training Research Capstone | 3 | Spring | II |
| **Total Hours** | **60** |  |  |

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Student Signature/Date Advisor Signature/Date

 Recommended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Director Signature/Date