

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Emplid# \_\_\_\_\_ MAJOR: PHYSICAL EDUCATION/RECREATION THERAPY (A.A.S.)  
(SPORTS MANAGEMENT CONCENTRATION)

English Placement: \_\_\_\_\_ Math Placement: \_\_\_\_\_

**COLLEGE REQUIREMENTS/REQUIRED CORE:** 12 credits

Note: All courses with an asterisk (\*) have a pre-requisite.

Course	Credits	Course	Credits	Course	Credits	Cours	Credits
∃ Eng 12*		∃ Eng 24*		∃ Mathematical & Quantitative Reasoning		∃ Life & Physical Sciences	

**CIVIC ENGAGEMENT REQUIREMENT**

Two (2) Civic Engagement experiences-satisfied by CE-Certified or CE-Component courses or ∃ Exp. One ∃ Exp. Two approved outside activity.

**WRITING INTENSIVE REQUIREMENT**

One (1) Writing Intensive course in any discipline

Note: Go to KCC website: Click on the QUICK LINKS tab for a list of CE and writing intensive courses.

**FLEXIBLE CORE:** 9 credits

Nine (9) credits with one (1) course from three (3) groups selected from A-E. **Each course from a different discipline.** Requirements for the major may also fulfill Flexible Core requirements where indicated.

	Course	Credits
A.	World Cultures and Global Issues	
B.	U.S. Experience in its Diversity	
C.	Creative Expression	
D.	Individual and Society	
E.	Scientific World	

**DEPARTMENT REQUIREMENTS FOR THE MAJOR:**

40 credits

Note: All courses with an asterisk (\*) have a pre-requisite. All courses with a plus (+) have a co-requisite.

Course	Credits	Course	Credits	Course	Credits	Course	Credits
∃ RPE 11		∃ RPE 40		∃ RPE 91		∃ BA 11	
∃ RPE 12*/+		∃ RPE 46		∃ HPE 12		∃ BA 14	
∃ RPE 32*		∃ RPE 700		∃ ACC 11		∃ BA 31	

**ELECTIVES** 2 credits sufficient to meet required total of

60 credits

Course	Credits	Course	Credits	Course	Credits	Course	Credits

12 – Week Semester	6 – Week Module	12- Week Semester	6 – Week Module

Note: This Academic Plan is subject to change based on successful completion of any prerequisites and/or remedial course work required.

\_\_\_\_ As a student who is part of the Access-Ability Center, I know that I am advised to return to room D-205 for any course modifications or to discuss accommodations.

\_\_\_\_ All students enrolled in special programs should also consult with their program advisor for future planning.

\_\_\_\_ I have read and understand that this is what I need to satisfy my degree requirements.

Advisor (Print Name): \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_