

Bachelor of Applied Science Degree

2010–2011 Curriculum Check Sheet

College of Nursing and Health Innovation

Student Name _____	ID. Number _____
A.A.S. Degree _____	Date A.A.S. Degree Granted _____
A.A.S. Degree-Granting Institution _____	ASU Catalog Year <u>2010–2011</u>
B.A.S. Academic Department _____	Advisor _____
Number of Upper-Division Transfer Credits _____	Expected Graduation Date _____
Institution of Transfer Course Work (Upper Division Only) _____	

General Studies (19 Hours)

	ASU	Transfer	Transfer From	Grade
Numeracy - ASC 315 Numeracy in Technology (MA)	3			
Natural Sciences - ASC 325 Physical Sciences in Technology (SQ)	4			
Literacy (L) upper division	3			
Humanities, Fine Arts, and Design (HU & H) upper division	3			
Social and Behavioral Sciences (SB) upper division	3			
General Studies (HU or SB) upper division (G)	3			
Subtotal	<u>19 Hrs</u>			

B.A.S. Degree Summary **Credit Hours**

A.A.S. Degree Block Transfer	60
General Studies	
B.A.S. Area Core	
Wellness Concentration	
Assignable Credits	

Total (120 Hours Minimum) _____

B.A.S. Area Core (15 Hours)

	ASU	Transfer	Transfer From	Grade
EXW 300 Foundations of Exercise and Wellness (SB)	3			
EXW 310 Computer Skills and Technology for Exercise and Wellness (CS)	3			
EXW 320 Program Development and Leadership	3			
EXW 325 Fitness for Life	3			
EXW 346 Health Promotion and Program Evaluation	3			
Subtotal	<u>15 Hrs</u>			

Advisor Comments

Wellness Concentration (21 Hours)

	ASU	Transfer	Transfer From	Grade
EXW elective (upper-division 300 or 400 level)	3			
EXW 342 Health Behavior Change	3			
EXW 350 Substance Abuse and Addictive Behavior	3			
EXW 400 Stress Management for Wellness	3			
EXW 442 Physical Activity in Health and Disease (L)	3			
EXW 444 Epidemiology	3			
EXW 450 Cultural and Social Issues in Exercise and Wellness ([L or SB] & C)	3			
Subtotal	<u>21 Hrs</u>			

Assignable Credits (5 Hours)

	ASU	Transfer	Transfer From	Grade
EXW 484 Internship (250 hrs)	5			
Subtotal	<u>5 Hrs</u>			

Total Upper-Division Hours _____

Total ASU Resident Hours _____

Student Signature

Date

Dean Signature

Date

Advisor/Chair Signature

Date

University Signature

Date