

# Department of Kinesiology & Community Health Graduation Plan

Name \_\_\_\_\_ Date \_\_\_\_\_

## Kinesiology

Fall _____	Spring _____	Summer _____
Fall _____	Spring _____	Summer _____
Fall _____	Spring _____	Summer _____
Fall _____	Spring _____	Summer _____

Anticipated Graduation Date \_\_\_\_\_

Total Hours Earned \_\_\_\_\_