Student Name: ID#
Campus Location: Academic Advisor:
Student e-mail: Advisor e-mail:

Please check the option being used to demonstrate competency in Lifelong Fitness, and attach all supporting documentation. Incomplete forms of documentation will be returned to the student without review.

___ Possess current Personal Fitness Training Certification. Provide copy of certification.

___ 1 year of commercial gym membership + an approved Health or Fitness lecture course. Provide copy of current membership verification and transcript.

___ Intercollegiate team participation + an approved Health or Fitness lecture course. Provide proof of participation and transcript.

___ City recreational activity/class/league or 1 year of private lessons + an approved Health or Fitness lecture course. Provide proof of participation and transcript.

___ Possess a Brown Belt (or higher) in the Martial Arts + an approved Health or Fitness lecture course. Provide proof of rank and transcript.

___ Recent (within one year) military or public safety (fire, police) service + an approved Health or Fitness lecture course. Provide proof of service and transcript.

___ Demonstrate proof of high level of lifestyle fitness that is approved by the MSS Department Chair + an approved Health or Fitness lecture course. Provide proof of fitness lifestyle activities and transcript. Refer to options above for appropriate documentation/evidence.

Instructions
Main Campus Students: Submit this form and appropriate documentation to the Chair of the Movement and Sports Science Department. RCA/CAPA Students: Submit this form and appropriate documentation to your academic advisor. Your advisor will submit it to the Chair of the Movement and Sports Science Department. Decisions: After the information has been reviewed, decisions will be e-mailed to the student. If approved, the decision will be forwarded on to the Registrar’s Office for the student’s academic file. For RCA/CAPA students, decisions will also be e-mailed to the student’s advisor.

For Office Use only
The above named student has demonstrated competence in Lifelong Fitness as verified through appropriate documentation supporting the option checked above: Approved: ___ Not Approved: ___

Comments: ________________________________

MSS Department Chair __________ Signature __________ Date __________