

# LENOIR-RHYNE UNIVERSITY

## *Master of Science in Athletic Training*

### **Prerequisite Completion Form**

Please indicate below the course number, grade, and institution attended for each of the following required program prerequisites. If you are currently in the process of completed a prerequisite, please indicate the date of completion for the course.

|   | <b>Course Number</b> | <b>Grade</b> | <b>University Attended</b> | <b>Date Completed</b> |
|---|----------------------|--------------|----------------------------|-----------------------|
| <b>Anatomy and Physiology I with Lab</b>        |                      |              |                            |                       |
| <b>Anatomy and Physiology II with Lab</b>       |                      |              |                            |                       |
| <b>General Psychology</b>                       |                      |              |                            |                       |
| <b>Nutrition</b>                                |                      |              |                            |                       |
| <b>Exercise Physiology</b>                      |                      |              |                            |                       |
| <b>Biomechanics/Kinesiology</b>                 |                      |              |                            |                       |
| <b>Sport and Exercise Psychology</b>            |                      |              |                            |                       |
| <b>Prevention and Care of Athletic Injuries</b> |                      |              |                            |                       |
| <b>Exercise Evaluation and Prescription</b>     |                      |              |                            |                       |