

Student's Name _____

Address _____

Student ID Number _____

Date _____

ADVISING INFORMATION			SEM CRS	SEM REC	GRADE	COURSE OR WAIVER	CR
* MUST BE COMPLETED BEFORE PROGRAM ADMISSION							
BASIC SKILLS REQUIRMENTS							
MATH EA ____/45	_____	MAT 060	3				
ENG ____/95	_____	ENG 090*	3				
Reading ____/80	_____	REA 090*	3				
PROGRAM PREREQUISITES:			7 CRS				
PRERQUISITES: REA 090, MAT 060, ENG 060	*BIO 106	Applied Anatomy and Physiology	4				
None	*HPR 178	Medical Terminology	1				
None	*HHP 224	Introduction to Massage Therapy	1				
REA 060, ENG 060	*HWE 275	Special Topics: Ethics of Touch	1				
PREREQUISITES			13 CRS				
SEMESTER I							
REA 090	MST 105	Lifestyle Wellness	2				
BIO 106, HPR 178	MST 111	Basic Massage Therapy	4				
REA 090	MST 204	MST Business Practices	2				
BIO 106, HPR 178	HHP 270	Clinical	2				
BIO 106, HPR 178	HPR 117	Anatomical Kinesiology	3				
SEMESTER II			13 CRS				
MST 111	MST 113	Professional Massage	3				
HPR 117, MST 111	MST 216	Pathology for Massage Therapy	3				
HPR 117	HHP 208	Advanced Musculoskeletal Anatomy	2				
ENG 090	HHP 145	Digestive Wellness	1				
MST 111	MST 289	Capstone	2				
HHP 270, MST 111	HHP 271	Clinical	2				
SEMESTER III			9 CRS				
MST 113, HHP 208, HHP 271	MST 184	Clinical Massage I	3				
MST 184	MST 284	Clinical Massage II	3				
MST 113, HHP 271	MST 178	Seminar	3				
Sub Total			35				
COMMENTS:							

I have checked the record of the student shown above and found it qualifies him/her for a degree at the completion of _____ semester, 20 ____

Student _____

Advisor _____

Date _____