

University of Central Arkansas
Bachelor of Science in Exercise Science - Clinical Exercise Science Concentration
Student Application for Admission

Provide your most recent academic history (where you earned college credit) and contact information.

Name: _____ Date Submitted: _____
Last First Middle

UCA ID #: _____ Cell Phone #: () _____

Major: _____ Minor/Honors? _____

 Name of other school Location Dates Attended: _____ to _____
 (month/year)

 Name of other school Location Dates Attended: _____ to _____
 (month/year)

School Address: _____

Home Address: _____

Do you plan to complete a graduate degree after completing the degree? Yes No

If yes, which type of degree to you plan to pursue? _____

- By the end of fall semester, all prerequisite courses required for admission must be completed resulting in a course grade.
- If a student repeats a professional GPA course, the grade achieved in the repeated course will be averaged into the professional GPA calculations.

For use by Exercise Science faculty only

Course	Grade	Notes
WRTG 1310 or HONC 1310	_____	
WRTG 1320 or HONC 1320	_____	
MATH 1390 or 1392 or 1395 or 1491 or 1496 or 1580	_____	
BIOL 1400, 1410 or 1440	_____	
PSYC 1300	_____	
EXSS 1310	_____	
EXSS 1320	_____	
EXSS 2381	_____	

Observation Hours Completed:	Yes	No
Student Expectations Form Completed:	Yes	No
Background Check Completed	Yes	No
Official Transcripts Submitted:	Yes	No
Interview Completed:	Yes	No