

**University of Central Arkansas**  
**Bachelor of Science in Exercise Science - Clinical Exercise Science Concentration**  
**Student Expectations Form**

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
          Last                    First                    Middle

I have read the student expectations required of a Clinical Exercise Science student and commit to adhering to the expectations. I am aware that if I am unable to fulfill the expectations of a Clinical Exercise Student, with or without reasonable accommodations, I may not be admitted into the concentration.

I have the physical capacity to perform appropriate health and fitness assessments using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and exercise programming of a clientele/patient.

\_\_\_\_\_  
Initials

I have the mental capacity to think critically and problem solve to identify appropriate assessments, modifications, and adaptations to create an inclusive strategy for health and wellness.

\_\_\_\_\_  
Initials

I have the social capacity to 1) effectively and sensitively interact with the client/patient and colleagues, to establish rapport and communicate judgments and health and wellness information effectively, 2) record health and fitness results and an exercise program clearly and accurately. I am able to understand and speak the English language at a level consistent with competent professional practice.

\_\_\_\_\_  
Initials

I have the emotional capacity to maintain composure and continue to function well during periods of high stress, and to be diligent in completing the clinical exercise science concentration as outlined and sequenced.

\_\_\_\_\_  
Initials

I am further aware of the retention criteria to remain in the Clinical Exercise Science concentration upon acceptance.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date