



Course Exemption Form DC to Masters

Office of the Registrar
1269 Barclay Circle Marietta, GA 30060
(770)426-2700 Office (770)426-2872 Fax

Name _____

Student ID# _____

I request that the Registrar's office evaluate my transcript(s) for course equivalency for the following courses:

Course Name	DC Credits	Course Equivalent	Masters Credits	Quarter Taken	Final Grade
PUBH 5541 Physiological Therapeutics-Adjunct Procedures	3	MSHS 5410 (541)	4		
PUBH 5543 Physiological Therapeutics-Rehabilitative Procedures	3	MSHS 5430 (543)	4		
PUBH 5600 Exercise Physiology	3	MSHS 6000 (600)	4		
PUBH 5612 Exercise Testing & Prescription	3	MSHS 6120 (612)	4		
PUBH 5624 Strength Training and Development	3	MSHS 6240 (624)	4		
PUBH 5642 On-Field Emergency Care	2	MSHS 6420 (642)	2		
PUBH 5646 Therapeutic Interventions	3	MSHS 6460 (646)	4		
PUBH 5648 Principles of Therapeutic Exercise	3	MSHS 6430 (648)	4		
DIAG 5650 Injury Assessment of the Lower Extremity	3	MSHS 6500 (650)	4		
DIAG 5652 Injury Assessment of the Upper Extremity	3	MSHS 6450 (652)	4		
TECH 5657 Arthrokinematics and Proprioception of the Lower Body	3	MSHS 6570 (657)	4		
TECH 5658 Arthrokinematics and Proprioception of the Upper Body	3	MSHS 6580 (658)	4		
TECH 5659 Sport Chiropractic Case Study	3	MSHS 6590 (659)	4		
ANLS 5670 Kinesiology of Sport	3	MSHS 6700 (670)	4		
ANLS 5676 Biomechanics of Sport Injury	3	MSHS 6760 (676)	4		

Registrar's Office Signature: _____ Process Date: _____