# Course Exemption Form

**Doctor of Chiropractic / Master of Sports Health Science**

**Name: ___________________________**  
**Student ID #: _______________________**

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

<table>
<thead>
<tr>
<th>Check Here</th>
<th>DC COURSE CODE</th>
<th>COURSE NAME</th>
<th>MS COURSE CODE</th>
<th>Semester Taken</th>
<th>Grade</th>
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<tbody>
<tr>
<td></td>
<td>PUBH 5541</td>
<td>Physiological Therapeutics-Adjunct Procedures</td>
<td>MSHS 541</td>
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<td>Physiological Therapeutics-Rehabilitative Procedures</td>
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<td>CPAP 5600</td>
<td>Exercise Physiology</td>
<td>MSHS 600</td>
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<td>PUBH 5612</td>
<td>Exercise Testing and Prescription</td>
<td>MSHS 612</td>
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<td>PUBH 5624</td>
<td>Strength Training and Development</td>
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<td>On-Field Emergency Care</td>
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<td>DIAG 5650</td>
<td>Orthopedic Evaluation of the Lower Body</td>
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<td>TECH 5657</td>
<td>Arthokinematics and Proprioception of the Lower Body</td>
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<td>ANLS 5670</td>
<td>Kinesiology of Sport</td>
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<td>Biomechanics of Sport Injury</td>
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<td>PUBH 5684</td>
<td>Sport Seminar: Functional Rehabilitation of the Kinetic Chain</td>
<td>MSHS 684-54</td>
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**Student’s Signature: ___________________________**  
**Date: _________________________**

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Registrar’s Office Only: Grade Insufficient ___  Course Description Not Equivalent ___  Course Credits Insufficient ___  Other ___

The above course(s), credit(s) have been: Approved ___  Denied ___  Registrar’s Office ___________________________  Date ____________