Students seeking admission to the Exercise Science program must be admitted to USF, complete the application, and submit it by the published deadline:
http://www.usf.edu/education/advising/undergraduate/coedu-applications.aspx
Mail, fax, or drop off application to:

University of South Florida
Student Academic Services, EDU 106
4202 E. Fowler Avenue, EDU 105
Tampa, FL 33620-5650
Fax: (813) 974-3391

Major: Exercise Science
USF ID#: ______________________________
(Example: U12345678)

Name: ___________________________________
__________________________________________
Last First Middle/Maiden

Address: ____________________________________________
Street Address Apt. # City State Zip Code

Phone Number: (              ) __________________________ Email: __________________

Circle your category:
Transfer = USF Admit but not currently enrolled
Continuing = enrolled at USF for one semester or more
Former student = returning to USF

Transfer Institutions - If you are a transfer student, list ALL institutions you have attended:

Highest degree attained (if applicable): □ A.S. □ A.A. □ B.A. □ B.S. □ Other: ______________________
If your A.A. degree is in progress at a Florida public institution, please indicate anticipated graduation date: ____________

Student Signature: ___________________________________________ Date: _____________

Official USF Tampa Student: □ Yes □ No
Received: ___ / ___ / ______
Denied: ___ / ___ / ______
Accepted: ___ / ___ / ______

Overall GPA x .3: ______
State Mandated GPA x .7: ______
Composite GPA: ______

Ranking: __________
Total Credit Hours ________

□ Missing coursework
□ GPA too low
□ Composite ES GPA not ranked in top ___
□ Not coded as degree seeking
□ No record: USF Admission status not final
□ Application packet received after deadline
□ Per COEDU Department/Program
□ Fall admit only program
□ Update USF admit semester from ______ to ______
□ Other: ____________________________________________
Comments: ________________________________________

Acceptance Status:
□ Full
□ Conditional
□ Exceptional
(department approval required)
□ Probationary
(department approval required)

□ Other: ____________________________________________

**APS USE ONLY**
Intake: Final Processing:
Contents Database
Email Code
Database Letter

3/28/2016
The USF Exercise Science program is a limited access program. Students with the top composite GPAs will be selected for admission. A composite GPA score will be calculated for each student by adding 30% of the overall GPA and 70% of the common statewide prerequisite GPA.

Therefore, transfer students must submit unofficial transcripts reflecting completion of all state mandated prerequisites along with their application to Student Academic Services, EDU 106.

Please complete the following regarding the state mandated prerequisites:

<table>
<thead>
<tr>
<th>Course Number and Title</th>
<th>Credit Hours</th>
<th>Completed at (Institution)</th>
<th>Semester and Year</th>
<th>Grade</th>
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<tbody>
<tr>
<td>College Algebra</td>
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<tr>
<td>Statistics/Pre-Calculus</td>
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<tr>
<td>Intro. to Psych. Sci.</td>
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<td>Anat. &amp; Physio. I</td>
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<td>Anat &amp; Phys. I Lab</td>
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<td>Nutrition</td>
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<td>Public Speaking</td>
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<td>General Chemistry</td>
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<tr>
<td>General Chem. Lab</td>
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</tbody>
</table>

Do you know what USF’s Gordon Rule Communication requirement is? Check it out here: [http://ugs.usf.edu/pdf/cat1415/08ACADEMICPOL.pdf](http://ugs.usf.edu/pdf/cat1415/08ACADEMICPOL.pdf)
Please read the following and then sign and date:

1. I understand that it is my responsibility to ensure that my transcript(s) is included with the application and/or received in the Pre-Education Advising (EDU 106) office by July 25th in order to be considered in the Exercise Science Program.

2. I understand and accept all of the requirements (see undergraduate catalog) of this program, if I am selected for admission.

3. I understand that I will be informed of my acceptance (or non-acceptance) in early August via US mail. (Admission status is not given over the phone).

4. If accepted, I understand that I must: (a) complete a USF orientation, if the fall term for which I’m admitted to the Exercise Science program will be my first at USF, (b) complete the College of Education’s Online Orientation, and (c) attend the Exercise Science Orientation (scheduled on “Wednesday” of the week before classes begin) prior to the beginning of the fall semester. (Details regarding the College and Exercise Science orientations will be included the acceptance letter). Procedures for enrolling in fall classes will be distributed in the Exercise Science Orientation.

5. If accepted, I understand that I am required to enroll in and attend classes in the Summer Session (Session C which is 10 weeks) between the junior and senior year.

6. I understand that if I do not accept enrollment into the program, I must inform the Pre-Education Advising Office (EDU 106) by August 15th.

_______________________________
Signature

_______________________________
Date

Common Statewide Mandated Prerequisites for Exercise Science Programs
27-28 Semester hours – USF Courses

1) MAC 1105 College Algebra (3 hours)
2) STA 2023 Introductory Statistics I (3-4 hours) or Pre-Calculus Course: MAC 1147 Pre-Calculus Algebra and Trigonometry (3-4 hours)
3) PSY 2012 Intro to Psychological Science (3 hours)
4) BSC 2085 Anatomy and Physiology I (3 hours)
5) BSC 2085L Anatomy and Physiology I (1 hour)
6) BSC 2086 Anatomy and Physiology II (3 hours)
7) BSC 2086L Anatomy and Physiology II (1 hour)
8) HUN 2201 Nutrition (3 hours)
9) SPC 2608 Public Speaking (3 hours)
10) CHM 2045 General Chemistry I (3 hours) and CHM 2045L General Chemistry I (1 hour) OR CHM 2030 Intro to Gen/Org/Bio Chemistry (4 hours) OR CHM 2023 Chemistry for Today (4 hours)
STUDENT RELEASE
for Participation in Class Assigned Activity

I realize that there may be inherent dangers and risks involved in clinical experiences required by the College of Education. I hereby agree to hold harmless the State of Florida, University of South Florida Board of Trustees, the University of South Florida, and the faculty or staff supervising the course or course of study, as well as the agents, employees, and members of the aforementioned from any loss, liability, damage or cost that they may incur due to my voluntary enrollment or participation in these courses.

I hereby agree to abide by any policies, rules and regulations adopted by the aforementioned.

I expressly agree that the foregoing Release and Waiver of Liability Agreement is intended to be as broad and inclusive as is permitted by the law of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, the undersigned, have read this Release and Waiver of Liability Agreement and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

I, (print name)__________________________________________, am over the age of 18 years old, and live at the address known as ________________________________________, City of ________________________________________, in the State of Florida and I have executed this Agreement on ____________________________, 201__.

______________________________________          ______________________________
STUDENT’S SIGNATURE          Date

If under age 18, parental signature required          (witness if requested)