

# Application for Award CERTIFICATE OF ACHIEVEMENT IN KINESIOLOGY

Academic Plan: H022949D



### Instructions to student:

1. Please complete this form.
2. Attach copies of your transcripts which include classes required for this certificate.
3. Return your completed application to Admissions & Records (SSA 218) 310-233-4020, or use your district email account (ends in @student.laccd.edu) to email completed forms to [arhelp@lahc.edu](mailto:arhelp@lahc.edu).
4. A notice will be sent to you by email once your application is reviewed and processed.

Course	Name	Units	Grade	Semester Completed	Year Completed
	<b>Required Core</b>				
ANATOMY 001	Introduction to Human Anatomy	4			
<b>or</b> PHYSIOL 001	Introduction to Human Physiology	4			
HEALTH 012	Health and Fitness	3			
KIN MAJ 100	Introduction to Kinesiology	3			
	<b>Electives (Choose 6 units)</b>				
KIN 217-1	Self Defense Skills	1			
KIN 229-1	Body Conditioning Skills	1			
KIN 245-1	Body Dynamics Skills I	1			
KIN 250-1	Weight Training Skills I	1			
KIN 251-1	Yoga Skills - I	1			
KIN 272	Track and Field Skills	1			
KIN 287-1	Basketball Skills I	1			
KIN 291-1	Volleyball Skills I	1			
KIN 350-1	Weight Training	1			
	<b>Total Units</b>	<b>16</b>			

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

By signing below I certify that all information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Do not write in this box

Granted

Denied

Pending

Notes: \_\_\_\_\_

\_\_\_\_\_

Reviewed by: \_\_\_\_\_

on date: \_\_\_\_\_

Student notified by email on date:

\_\_\_\_\_