## 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.
4. A notice will be sent to you by email once your application is reviewed and processed.

| Course | Name | Units | Grade | Semester <br> Completed | Year <br> Completed |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  | Required Core |  |  |  |  |
| ANATOMY 001 | Introduction to Human Anatomy | 4 |  |  |  |
| or PHYSIOL 001 | Introduction to Human Physiology | 4 |  |  |  |
| HEALTH 012 | Safety Education and First Aid | 3 |  |  |  |
| KIN MAJ 100 | Introduction to Kinesiology | 3 |  |  |  |
|  | Electives (Choose 6 units) |  |  |  |  |
| 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 |  |  |  |
|  |  |  |  |  |  |

Student Name:
Student ID Number: $\qquad$
Address: $\qquad$
City: $\qquad$ State: $\qquad$ Zip: $\qquad$
Email: $\qquad$
Phone: $\qquad$

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

Signature: $\qquad$ Date: $\qquad$

## FOR OFFICE USE ONLY

Do not write in this boxGranted
$\square$ Denied
$\square$ Pending
Notes: $\qquad$
$\qquad$
$\qquad$
Reviewed by: $\qquad$
on date: $\qquad$
Student notified by email on date:

