
UNIVERSITY OF ARKANSAS

**College of Education and Health Professions
Health, Human Performance, and Recreation**

**Program of Study
PhD, Health, Sport and Exercise Science**

Name:

ID:

Concentration:

Telephone Number (mobile):

Email:

Departmental Core (24)

Dept.	Course #	Course Title	Hours	Grade	Instructor	Term/Year
HHPR	5353	Research in HHPR	3			
ESRM	5393	Statistics in Education and Health Professions	3			
HHPR	700V	Dissertation	18			

Required Research/Stats (18)

Dept.	Course #	Course Title	Hours	Grade	Instructor	Term/Year

Concentration Core (9-15)

Dept.	Course #	Course Title	Hours	Grade	Instructor	Term/Year

Cognate (6-9)

Dept.	Course #	Course Title	Hours	Grade	Instructor	Term/Year

Electives (33-36)

Dept.	Course #	Course Title	Hours	Grade	Instructor	Term/Year

Approved:

Student _____
Major Advisor _____
Committee: _____
Committee: _____
Committee: _____
Committee: _____
Dept. Head: _____

Date _____
Date _____
Date _____
Date _____
Date _____
Date _____
Date _____