

## Movement & Cognitive Rehabilitation Science Competency Topic Prerequisites

Student's Name: \_\_\_\_\_

Program Applying to:    Master's

Doctoral

AREA	INSTITUTION	COURSE NUMBER	COURSE TITLE	SEMESTER / YEAR	HOURS	GRADE
Human Anatomy						
Vertebrate or Human Physiology						
Biomechanics						
Motor Learning or Neuromuscular Control						

Doctoral students: List the title of Master's thesis or completed research paper:

Approved by:

\_\_\_\_\_  
Faculty Advisor / Supervising Professor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Advisor

\_\_\_\_\_  
Date

Please submit this form as part of your application package for admission, through the My Status web site.