SELF-ASSESSMENT FORM

Applicant Full Legal Name: *		**Date: ***	
Graduating Post-Secondary Institution: *			

CORE SUBJECT ALLOCATION TABLE

SUBJECT	COURSE CODE(S) (with minimum of 3 credits)	COURSE NAME(S)	POST SECONDARY INSTITUTION
Human Systems Anatomy			
Human Systems Physiology			
Biomechanics and Ergonomics			
Human Motor Control & Learning (Neuroscience)			
Human Growth and Development			
Human Nutrition and Metabolism			
Human Exercise Physiology			
Psychology & Sociology in Human Health and Behaviour			
Human Pathophysiology			
Assessment and Treatment of Orthopaedic Injuries and Disorders			
Assessment and Treatment of Cardiorespiratory and Metabolic Disorders			
Assessment and Treatment of Neurological Disorders			
Professional Practice & Jurisprudence			
Evidence-Informed Practice and Research Methods			

ELECTIVES ALLOCATION TABLE

List all other courses completed (minimum 16 required) that are not counted as primary core courses and that relate to Kinesiology, Health Sciences, Psychology, Neuroscience, Biomedical Physiology, Professional Practice, General Sciences (physics, math, chemistry, biology), or health-care related courses within Kinesiology's scope of practice.

NUMBER	COURSE CODE(S) (with minimum of 3 credits)	COURSE NAME(S)	POST SECONDARY INSTITUTION
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