**Completion Review Form** 

Name: \_\_\_\_\_ PID: <u>A</u>\_\_\_\_

## Program Code / Name: 6768 / Graduate Certificate in Sport Coaching and Leadership

Students must complete the 1 credit ethics course (KIN 852) and one course from three different cognate areas (as determined by the student in consultation with the program director). Please indicate when you completed coursework for the graduate certificate. Please attach a printout from Stulnfo which shows you have successfully completed the required courses. Upon verification that all requirements are met, the program code will be marked as conferred on your student record. You will need this form on file to have the certificate listed on your transcript. For graduate certificate see: <a href="http://www.reg.msu.edu/AcademicPrograms/ProgramDetail.aspx?Program=6768">http://www.reg.msu.edu/AcademicPrograms/ProgramDetail.aspx?Program=6768</a>.

Competency Area	Course Title	Course Completed	Semester Completed
Ethics Required for all students	KIN 852 – Ethics in Sport Coaching and Leadership (1 cr.)		
Complete 1 course each from three of the following cognate areas for the remaining 9 credits.			
Psychosocial	KIN 849 – Theory & Practice of Modern Sport Leadership (3 cr.)		
	KIN 855 – Psychosocial Bases of Coaching (3 cr.)		
Physical	KIN 856 – Physical Bases of Coaching Athletes (3 cr.)		
	KIN 868 – Skill Development in Athletes (3 cr.)		
Legal/Safety	KIN 829 – Safety and Injury Control (3 cr.)		
	KIN 854 – Legal and Administrative Issues (3 cr.)		
Human Development	KIN 857 – Positive Youth Development through Sport (3 cr.)		
	KIN 865 – Stages of Athlete Development (3 cr.)		

## Additional information/notes:

I attest that the information provided on this form is accurate. (All signatures must be in blue ink.)

Student Signature

Date

Please forward this form to the Kinesiology Graduate Secretary via e-mail (kingrad@msu.edu), or by mail to 308 West Circle Drive, Room 134, East Lansing, MI, 48824. The graduate program secretary will acquire the remaining signatures.

## FOR OFFICE USE ONLY

Program Secretary Signature

Date

Program Secretary signature on this form certifies that the student has met all the requirements for the Sport Coaching and Leadership Graduate Certificate.

**Program Coordinator** 

Date

Department Chairperson

Date

Please submit this form to the Graduate Records Office, 620 Farm Lane, Room 204, Erickson Hall, who will secure the Associate Dean's signature.

Associate Dean, College of Education Date

**Registrar's Office:** When all signatures appear, we certify that this student has successfully completed all the requirements to confer the Sport Coaching and Leadership Graduate Certificate (code 6768). **GRO Notes:** GRO sends final document to RO.