

For office use only

Prior College

Credit/Subs/Waivers:

* _____

% _____

Certificate of Achievement

PERSONAL FITNESS TRAINER

Effective Fall 2015 through Summer 2016

(No changes Fall 2013 to Summer 2016)

Catalog Number	Course Name	(Office Use Only)		
Required courses:		Units	Grade	Grade Points
BUS 130	Small Business Management	3		
BIO 190	Survey of Human Musculoskeletal System	1		
KINE 190	Introduction to Kinesiology	3		
KINE 203	Techniques in Athletic Training	3		
KINE 204	Techniques and Analysis of Fitness and Weight Training	3		
KINE 210	Exercise Prescription for Special Populations	3		
KINE 292	Internship Studies <i>For KINE 292 a minimum of .5 or a maximum of 3 units may be applied to this certificate.</i>	.5 - 3		
NUTR 105	Human Performance and Sports Nutrition	3		
<i>Select a minimum of three units from the courses below:</i>				
KINE 100	Functional Resistance Training	.5 – 1		
KINE 110	Walking for Fitness	1		
KINE 112	Cardiorespiratory Stabilization Training	.5 - 1		
KINE 113	Cardiorespiratory Strength Training	.5 - 1		
KINE 114	Cardiorespiratory Power Training	.5 - 1		
KINE 141	Stabilization Training	.5 - 1		
KINE 143	Strength Endurance Training	.5 - 1		
KINE 144	Reactive Training	.5 - 1		
KINE 150	Beginning Yoga	.5 – 1		
KINE 154	Intermediate Yoga	.5 – 1		
KINE 155	Advanced Yoga	.5 – 1		
KINE 156	Corrective Flexibility Training	.5 – 1		
KINE 157	Active Flexibility Training	.5 – 1		
KINE 158	Functional Flexibility Training	.5 – 1		
KINE 161	Beginning Martial Arts	.5 – 1		
KINE 162	Intermediate Martial Arts	.5 – 1		
KINE 163	Advanced Martial Arts	.5 – 1		
		Totals: (current)		
		Totals: (In progress)		
		Total Units: 22.5 - 25		
		GPA:	H1	H3

Requirement: Grade of "C" or better in each course.

OFFICE USE ONLY	Date/Initials	Sent Letter
Preliminary Eval OK _____ Awarded Not Posted _____ Denied _____		
Final Eval OK _____ Denied _____		
Posted		
Certificate Mailed		



**CERTIFICATE OF ACHIEVEMENT
PERSONAL FITNESS TRAINER**
(Effective Fall 2015 through Summer 2016)

Revised
5/29/15

Name _____
Print name **exactly** as it is to appear on certificate. (First, Middle, Last – use upper and lower case)

Student ID# _____

Address _____
Number Street City Zip

Home Phone (_____) _____ - _____ **Email:** _____

The requirements for this certificate will be completed by:

Fall ☐ 20____ **Spring** ☐ 20____ **Summer Session** ☐ 20____

List all courses in progress, including those at other colleges, which are required to complete this certificate:

Course _____	Units _____	Course _____	Units _____
Course _____	Units _____	Course _____	Units _____

NOTE: If you have courses in progress at another college which are required to complete this certificate, official transcripts must be submitted to the Admissions & Records Office at the end of the term.

List all colleges from which you have coursework to be considered for this certificate: _____

READ CAREFULLY BEFORE SIGNING

In order to have this evaluation form processed for the current term; I understand that it is my responsibility to see that all required **official transcripts and substitution/waiver forms** are on file in the Admissions & Records Office by the petitioning deadline. Deadlines are posted in the current credit class schedule. If required official documents are not on file, this evaluation form may be returned to the Counseling Office, and I may be required to re-submit an evaluation form for next term.

Comments: _____

I grant permission to MiraCosta College to include my name on the graduation program and any graduation lists that may be released to the public.

Student's Signature _____ **Date** _____

•Oceanside Campus: Submit completed form to Admissions & Records, MiraCosta College, One Barnard Drive, Oceanside, CA 92056 or fax to 760-795-6626.

•San Elijo Campus: Submit completed form to Admissions & Records, MiraCosta College, 3333 Manchester Ave., Cardiff, CA 92007 or fax to 760- 634-7875.