



COLLEGE OF ARTS AND SCIENCES

KINESIOLOGY DEPARTMENT

SU KINESIOLOGY MASTERS PROGRAM CAPSTONE PORTFOLIO & COMPREHENSIVE EXAM APPROVAL FORM

600 Clinical Hours Completed

Clinical Director Signature: _____ Date: _____

Portfolio of Competencies Completed

Clinical Director Signature: _____ Date: _____

Comprehensive Examination Passed

Clinical Director: _____
Print Sign Date

Faculty Member: _____
(Motor Control) Print Sign Date

Faculty Member: _____
(Behavior Change) Print Sign Date