Doctoral Cognate Courses (Pre-Approval) Form

Student’s Name: ________________________________________________________
Address:  __________________________________________________________________
City:  ____________________ State: ___________ Zip: ___________
Phone Number: (______) _____________
Intended Term of Enrollment  □  Fall  □  Spring  □  Summer  □___________
(year)
Area of Specialization: □  Human Resources  □  Leadership  □  Marketing
Area of Emphasis: Sports Theory___  Sports Coaching___
            Sports Medicine___  Sports Health & Fitness___
Intended College of Enrollment:  __________________________________________
Address:  __________________________________________________________________

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<tr>
<th>Other institution: Course Number and Title</th>
<th>Credit Hours</th>
<th>USSA Course Equivalent</th>
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*** USSA will accept transfer credit from other regionally accredited institutions, as long as a grade of B or better is earned. A catalog course description and course syllabus must accompany this form in order to process the request for cognate course(s).

*** Upon completion of these courses, please have your official transcript mailed to:

United States Sports Academy
Graduate Admissions
One Academy Drive
Daphne, Alabama 36526

Chief Academic Officer or Designee  Date