

**2007 - 2008 CERTIFICATE CHECKLIST
Fitness Specialist**

Name (last,first):

Student ID: _____ Date: _____

Evaluator:

David Bayne	dbayne@deltacollege.edu	(209) 954-5004
Chris Leach	cleach@deltacollege.edu	(209) 954-5821
Jennifer Ohta	johta@deltacollege.edu	(209) 954-5010

All courses must have a grade of "C" or above.
A minimum of 12 or two-thirds (whichever is greater) of the required units of the specific subject matter must be completed at Delta College.
Units earned through Credit by Exam do not apply.
Minimum units required = 19.0

Evaluation Only _____

Applied: _____ Year _____

Term:	Status:
<input type="checkbox"/> Summer	<input type="checkbox"/> Pending
<input type="checkbox"/> Fall	<input type="checkbox"/> Complete
<input type="checkbox"/> Spring	<input type="checkbox"/> Denied

Notes:

IP = In-Progress & Needed, N = Need
Sum = Summer, Fal = Fall, Spr = Spring

Certificate Requirements:

		Units	Status
H ED 31	Emergency Response	3.0	
PE 42V	Theory/App Weight Training	3.0	
PE 45	Spec Project: Phys Educ	2.0	
PE 48	Exercise Science	3.0	
PE 49	Psychology of Sports	3.0	
PE 50	Nutrition for Fitness & Sport	3.0	
PE 51	Fit Assess & Exercise Pres	3.0	