

MASTER OF ARTS DEGREE PLAN
Human Performance and Physical Education (HPPE)
Online Sport Management

Student Name _____

ID # _____

Number of Semester Hours Transfer Credit (Student must complete Petition for Transfer Form): _____

A maximum of six (6) semester hours may be transferred from accredited institutions. Students are required to attend mandatory on-campus orientation and on-campus residency at the end of the program.

REQUIRED CORE		HRS	TRANS/SUB	SEM TAKEN	GRADE
HPPE	503 Introduction to Research	3	_____	_____	_____
HPPE	543 Measurement/Evaluation	3	_____	_____	_____
HPPE	585 Practicum in HPPE	3	_____	_____	_____
Total		9			

SPORT MANAGEMENT

BUS	500 Leadership Skills for Managers	3	_____	_____	_____
HPPE	505 Sport Marketing & PR	3	_____	_____	_____
BUS	520 Managerial Accounting	3	_____	_____	_____
HPPE	525 Facilities & Event Management	3	_____	_____	_____
HPPE	527 Sport Law	3	_____	_____	_____
HPPE	556 Strategic Mngt & Ldrshp in Sport	3	_____	_____	_____

Students must select **one** of these courses:

HPPE	536 Sports & Exercise Psych	3	_____	_____	_____
HPPE	538 Social Aspects of Sport & PE	3	_____	_____	_____
BUS	510 Global Business Perspectives	3	_____	_____	_____
BUS	555 Leading for Results	3	_____	_____	_____
BUS	580 Public and Non-Profit Management	3	_____	_____	_____
ECON	505 Managerial Economics	3	_____	_____	_____

Students must complete either the thesis option **or** the field-based research option

Thesis Option:

HPPE	591 Thesis Proposal	3	_____	_____	_____
and					
HPPE	593 Master's Thesis	3	_____	_____	_____

Field-Based Research Option

HPPE	596 Field Based Research	3	_____	_____	_____
and					

An **additional** 500 level elective course approved by advisor

HPPE or BUS	_____	3	_____	_____	_____
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Total 27

PROGRAM HOURS 36

Substitutions may be made with the approval of the department chair. Any substitutions must be filed on appropriate forms.

Contemplated time to receive the M.A. Degree (semester) _____ (year) _____

Completed Degree Plan (submission with graduation application) _____ Date _____

Advisor Signature _____ Date _____

Department Chair Signature _____ Date _____