

**DEPARTMENT OF HUMAN STUDIES  
EXERCISE PHYSIOLOGY COMPHRENSIVE EXAM  
REGISTRATION FORM**

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Phone: \_\_\_\_\_ UAB Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Semester and year program requirements will be completed: \_\_\_\_\_

Semester and year comprehensive exam to be taken: \_\_\_\_\_

Current Enrollment: \_\_\_\_\_

Courses to be completed: \_\_\_\_\_

Courses with grades of "C" or below:    Yes        No

If answered "Yes", list courses here: \_\_\_\_\_

**Four Areas of Assessment**

Enter course information from four areas

Area	Course	Examiner's Name	Examiner's Email Address
Research	EPR 594	_____	_____
Kinesiology or Kinesiology	KIN 637  KIN 638	_____ _____	_____ _____
Elective	_____	_____	_____
Elective	_____	_____	_____

\_\_\_\_\_  
Student's Signature (Type your name)

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Email a copy of the form to Kathy Lowe-Tubbs, [klowe@uab.edu](mailto:klowe@uab.edu)*