



# CAÑADA COLLEGE

## Office of Instruction Petition for Kinesiology – Fitness Professional Certificate of Achievement

I hereby petition to receive from Cañada College the Kinesiology Fitness Professional Certificate of Achievement at the conclusion of the FALL \_\_\_\_ SPRING \_\_\_\_ Semester. (SUMMER by special arrangement only)

### NAME TO APPEAR ON CERTIFICATE (print):

\_\_\_\_\_  
(First) (Middle) (Last)

YOUR NAME(print) \_\_\_\_\_  
(First) (Middle) (Last)

MAILING ADDRESS \_\_\_\_\_  
(Number) (Street) (Apartment) (City) (Zip)

COLLEGE ID"G" NO. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ HOME TELEPHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE NO. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Yes  No  I am applying units completed at another college towards my certificate.  
If yes, official transcripts from that college have been sent to Cañada College as transfer units. Name of College/University \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### FOR OFFICE USE ONLY

#### INITIAL REVIEW

#### FINAL REVIEW

Approved: \_\_\_\_\_ Pending: \_\_\_\_\_ Denied: \_\_\_\_\_  
Counselor notified: \_\_\_\_\_  
Student notified: \_\_\_\_\_  
Copy of letter(s) attached: \_\_\_\_\_  
Reason for pending or denied status: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
Counselor notified: \_\_\_\_\_  
Student notified: \_\_\_\_\_  
Copy of letter(s) attached: \_\_\_\_\_  
Reason for pending or denied status: \_\_\_\_\_

Units \_\_\_\_\_ GPA to Date \_\_\_\_\_  
Cum Laude \_\_\_\_\_ Magna Cum Laude \_\_\_\_\_ Summa Cum Laude \_\_\_\_\_

Units \_\_\_\_\_ GPA to Date \_\_\_\_\_  
Cum Laude \_\_\_\_\_ Magna Cum Laude \_\_\_\_\_ Summa Cum Laude \_\_\_\_\_

Male  Female

Petition received in Admissions & Records Office: \_\_\_\_\_

Certificate Mailed: \_\_\_\_\_

Initial Evaluation: \_\_\_\_\_ Date: \_\_\_\_\_

Final Evaluation: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Office of Instruction

## Petition for Kinesiology – Fitness Professional Certificate of Achievement

### CERTIFICATE REQUIREMENTS

- \_\_\_\_\_ The prescribed courses and units must be completed as identified in the catalog.
- \_\_\_\_\_ Fifty percent (50%) of the required courses must be completed at Cañada College.  
Equivalent lower division courses completed at other institutions holding district approved accreditation may be submitted on a Request for Substitution petition for consideration to satisfy some certificate requirements.
- \_\_\_\_\_ All CORE classes applied to the certificate must receive a grade of C or better.
- \_\_\_\_\_ Computer Literacy Requirement: satisfactory completion of a minimum of 1 unit in designated computer related courses (**PLEASE NOTE: Required ONLY if using an academic catalog PRIOR to 2011-2012**).
- \_\_\_\_\_ Students must be in “good academic standing” to receive a certificate.

Please indicate which catalog (academic year) you are following: \_\_\_\_\_

You must complete ALL REQUIRED COURSES FOR THE CERTIFICATE as listed below:

CORE REQUIREMENTS	UNITS	COMPLETED
BIOL 310 Nutrition	3.0	_____
CBOT 430 Computer Applications, Part I	1.5	_____
HSCI 432 CPR: Adult, Child, Infant for Healthcare Providers	0.5	_____
KINE 245 Principles and Techniques of Resistance, Balance and Flexibility Training	3.0	_____
KINE 250 Personal Trainer Preparation: Anatomy and Physiology	3.0	_____
KINE 251 Personal Trainer Preparation: Health Appraisal and Exercise Prescription	3.0	_____
KINE 308 Introduction to Fitness-Related Injuries	3.0	_____
KINE 672 Cooperative Education: Internship	1.0	_____
Selective Courses: (See catalog for list of selective courses)	4.0-5.0	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total	22.0-23.0	_____

IP = IN PROGRESS  
 ( ) = TRANSFER FROM  
 OTHER COLLEGE  
 ✓ = COMPLETED

**\* INCOMPLETE PETITIONS WILL NOT BE ACCEPTED!**