

**Health Education/Personal Fitness Trainer  
Letter of Recognition**

**Program Planning Sheet**

Student Name: \_\_\_\_\_

Catalog Year: 2002-2003

Soc. Sec. Number: \_\_\_\_\_

Course Number	Required Course	Credits Required	Credits Earned	Planning
HEED 109	Basic First Aid	2		
HEED 200	Health/Fitness Leader	3		
HEED 211	Nutrition	3		
HEED 210 <b>OR</b> HEED 213	Foundations of Health Education and Health Behavior <b>OR</b> Stress Management	3		

**NOTES:**

Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

GPA: \_\_\_\_\_