



Arkansas State University
M.S. Sport Administration
Department of Health, Physical Education, & Sport Sciences

Name _____ Student ID _____

Email Address: _____

Phone: _____ Intended Graduation Semester: _____

Semester of First Enrollment _____

Advisor: Dr. LaVetter, Program Coordinator 870-680-8154

Required Core Courses	Credit Hours	Semester/Year Completed & Grade
ESPE 6103 Ethical Issues in Sport	3	
ESPE 6113 Sport Law	3	
ESPE 6123 Sport Marketing	3	
ESPE 6133 Sport Finance & Budgeting	3	
ESPE 6143 Sport Communications	3	
ESPE 6153 Sport Leadership	3	
ESPE 6163 Sport Governance & Operations	3	
ESPE 6603 Sport in Society	3	
ESPE 6643 Current Readings	3	
ESPE 6673 Research Design	3	
ESPE 681V Internship or Thesis ESPE 678V	6	
TOTAL	36	

Note: Student is required to complete comprehensive exam.

Semester of Comprehensive Exam _____

Coursework to be completed during final semester: _____

Student signature _____