

Master of Science in Exercise Physiology

Admission Requirements & Supplemental Application Materials



PROGRAM ADMISSION OPTIONS

Students may enter the MEXP Program in one of the following ways:

1. Previous degree applicants who have completed their undergraduate degree from an accredited institution.
2. Currently enrolled Carroll University undergraduate students seeking a Bachelor of Science degree in Exercise Science who qualify for the accelerated 3+2 completion plan option (three years of undergraduate study and two years of graduate study). These candidates will earn both a B.S. and M.S. in five total years.
3. Direct Admission (freshman or sophomore level of entry) – Current freshman and sophomore Carroll University undergraduate students seeking a Carroll bachelor's degree may apply for direct admission consideration through the Carroll Office of Admission. Please contact gradinfo@carrollu.edu for more details and admission instructions.

ADMISSION TIMELINE

Each cohort commences in the fall semester only. Applications are reviewed case-by-case on a monthly basis, continuously throughout the year and prior to the start of the fall term (September). As decisions are made on applications, applicants are notified through the Office of Admission. Applicants must be eligible to return in good standing (be free of academic or disciplinary probation) to all institutions previously attended.

REQUIRED APPLICATION MATERIALS & CHECKLIST

- ☐ Carroll University Graduate Studies On-line Application. Found online at carrollu.edu/apply
- ☐ Carroll University MEXP Program Supplemental Application Packet (see enclosed pages 2 - 8), which includes the following:
 - Three MEXP letter of reference forms
 - MEXP Essay form (must be typed)
 - MEXP Experiences Document (A professional resume may be submitted, although Carroll forms are preferred)
 - Safety and Technical Standards form
- ☐ Official post-secondary transcripts from all institutions attended

PREREQUISITE REQUIREMENTS

- Baccalaureate degree from an accredited institution prior to matriculation or current Carroll student majoring in exercise science and considering 3+2 completion plan
- Cumulative and Pre-professional GPA of 2.75 (on a 4.0 scale) is recommended to be considered for admission
 - Pre-professional courses should typically be completed within the past seven years from the time of application with grades of 'C' or better. Candidate's with course work older than 7 years should have relevant experience within the field to be considered. Pre-professional courses are indicated below with an asterisk.
- Proof of current CPR and First Aid certification for the professional rescuer is required prior to commencing the program
- Successful completion of all college-level prerequisite course work:
 - One semester statistics
 - One semester of psychology
 - One semester of anatomy with lab or combined anatomy and physiology with lab*
 - One semester of physiology with lab or combined anatomy and physiology with lab *
 - One semester of exercise physiology*
 - One semester of exercise testing and prescription is suggested, but not required*
 - Course equivalency or related content in exercise testing and exercise programming, strength and conditioning, personal training or wellness coaching will be considered.

Note: International students may have additional admission requirements.

SUBMISSION OF ADMISSION MATERIALS

Please submit official documents to Carroll University Office of Admission 100 North East Avenue, Waukesha, WI 53186 and supplemental documents to gradinfo@carrollu.edu or the address previously stated.

QUESTIONS

Please contact Lori Cannistra, Director of Graduate Admission, at 262.524.7226 or lcannist@carrollu.edu

MEXP Letter of Reference Form



CARROLL
UNIVERSITY

APPLICANT SECTION:

Applicant's name (print): _____ **Date of Birth or Carroll ID #:** _____

Release of access to document: The applicant must complete and sign the following before submitting this form to the reference. This request is in compliance with Federal Law P.L. 9380, Family Education Rights and Privacy Act of 1974.

☐ I waive my right of access to this document.

☐ I do not waive my right of access to this document.

Applicant's signature: _____

REFERENCE SECTION:

Please complete this letter of reference form, place it in a sealed envelope with your signature across the seal and return it to gradinfo@carrollu.edu, the applicant or Carroll University Office of Admission, 100 North East Avenue, Waukesha, WI.

Reference name (print): _____ **Occupation:** _____

Email Address: _____ **Daytime Phone:** _____

Organization or Institution: _____

Business Address: _____

Reference signature: _____

1) How long have you known the applicant? _____

2) Select the role that best describes your primary interaction with the applicant:

	Excellent 5	Good 4	Above Average 3	Average 2	Below Average 1	Poor 0	Not Observed NA
Attention to Detail							
Cooperation/Teamwork							
Critical Thinking Skills							
Effective use of Feedback							
Effective use of Time							
Emotional Awareness/Sensitivity							
Flexibility/Adaptability							
Dependability/Follow Through							
Initiative							
Interpersonal skills							
Maturity/Personal Responsibility							
Oral Communication Skills							
Positive Attitude							
Professionalism							
Stress Management/Coping Skills							
Work ethic							
Written Communication Skills							

3) Taking into consideration the above characteristics, what overall evaluation would you give the applicant?

- ☐ Highly Recommend without Reservation
- ☐ Recommend without Reservation
- ☐ Recommend
- ☐ Recommend with Reservation
- ☐ Do Not Recommend

Additional Comments (if desired): _____

MEXP Letter of Reference Form



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Reference name (print): _____ **Occupation:** _____

Email Address: _____ **Daytime Phone:** _____

Organization or Institution: _____

Business Address: _____

Reference signature: _____

4) How long have you known the applicant? _____

5) Select the role that best describes your primary interaction with the applicant:

	Excellent 5	Good 4	Above Average 3	Average 2	Below Average 1	Poor 0	Not Observed NA
Attention to Detail							
Cooperation/Teamwork							
Critical Thinking Skills							
Effective use of Feedback							
Effective use of Time							
Emotional Awareness/Sensitivity							
Flexibility/Adaptability							
Dependability/Follow Through							
Initiative							
Interpersonal skills							
Maturity/Personal Responsibility							
Oral Communication Skills							
Positive Attitude							
Professionalism							
Stress Management/Coping Skills							
Work ethic							
Written Communication Skills							

6) Taking into consideration the above characteristics, what overall evaluation would you give the applicant?

- ☐ Highly Recommend without Reservation
- ☐ Recommend without Reservation
- ☐ Recommend
- ☐ Recommend with Reservation
- ☐ Do Not Recommend

Additional Comments (if desired): _____

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Reference name (print): _____ **Occupation:** _____

Email Address: _____ **Daytime Phone:** _____

Organization or Institution: _____

Business Address: _____

Reference signature: _____

7) How long have you known the applicant? _____

8) Select the role that best describes your primary interaction with the applicant:

	Excellent 5	Good 4	Above Average 3	Average 2	Below Average 1	Poor 0	Not Observed NA
Attention to Detail							
Cooperation/Teamwork							
Critical Thinking Skills							
Effective use of Feedback							
Effective use of Time							
Emotional Awareness/Sensitivity							
Flexibility/Adaptability							
Dependability/Follow Through							
Initiative							
Interpersonal skills							
Maturity/Personal Responsibility							
Oral Communication Skills							
Positive Attitude							
Professionalism							
Stress Management/Coping Skills							
Work ethic							
Written Communication Skills							

9) Taking into consideration the above characteristics, what overall evaluation would you give the applicant?

- ☐ Highly Recommend without Reservation
- ☐ Recommend without Reservation
- ☐ Recommend
- ☐ Recommend with Reservation
- ☐ Do Not Recommend

Additional Comments (if desired): _____

MEXP Essay Form



CARROLL
UNIVERSITY

APPLICANT SECTION:

Applicant's name (print): _____ **Date of Birth or Carroll ID #:** _____

INSTRUCTIONS:

Please type or computer generate your essay within the space provided or include an attached typed document. Submit to Carroll University Graduate Admission: 100 N. East Avenue, Waukesha WI or gradinfo@carrollu.edu.

ESSAY:

Your essay should address the following points:

1) Understanding of exercise physiology as a career path, 2) Reflection on your personal interest in the field as well as any related academic or practical experiences you have had, and 3) Your future professional goals as well as the role of your graduate education in achieving those goals. Hand written statements will not be evaluated.

Applicant's signature: _____ **Date:** _____

MEXP Experiences Document



APPLICANT SECTION:

Applicant's name (print): _____ Date of Birth or Carroll ID #: _____

INSTRUCTIONS:

Please type in the following information in the space provided or attach your computer generated professional resume to this document and submit to Carroll University Graduate Admission: 100 N. East Avenue, Waukesha WI or gradinfo@carrollu.edu. The Carroll University Experiences Document is preferred.

RELATED/RELEVANT WORK OR PROFESSIONAL EXPERIENCES

Site/Department	Date(s)	Describe the specific skills or tasks involved/learned, quantify your experiences, and qualify any results and/or outcomes achieved

RELATED/RELEVANT INTERNSHIP, PRACTICUM OR LAB EXPERIENCES

Site/Department	Date(s)	Describe the specific skills or tasks involved/learned, quantify your experiences, and qualify any results and/or outcomes achieved

RELATED/RELEVANT OBSERVATION HOURS

Setting/Department	Facility	Practitioner Observed	Contact Information	Date and Job Tasks or Skills Observed

PROFESSIONAL MEMBERSHIPS

Name of Organization	Type of Membership	Length of Membership	Positions (if any)

MEXP Experiences Document (continued)



CARROLL
UNIVERSITY

APPLICANT SECTION:

Applicant's name (print): _____ Date of Birth or Carroll ID #: _____

COMMUNITY SERVICE

Activity/Organization	Date(s) Participated	Describe your specific responsibilities and who benefitted from your activities

AWARDS AND HONORS

Honor	Date Received	Description

CERTIFICATIONS

Name of Organization	Type of Certification	Length of Certification	Date Issued

DIGITAL PROFICIENCY

List all software programs/packages and/or (medical/health/educational) apps that you are proficient/skillful/competent in.

MEXP Safety and Technical Standards Form



CARROLL
UNIVERSITY

Legal name _____
Last First Middle Carroll ID # (If known)

Successful participation in the Carroll University Master of Science in Exercise Physiology Program requires that a candidate possess the ability to meet the requirements of the program. Though the program may modify certain course requirements to provide a person with a handicap an equivalent opportunity to achieve results equal to those of a person without a handicap, there are no substitutes for the following essential skills.

The applicant/candidate must initially meet the health requirements and technical standards described below to gain admission to the Master of Science in Exercise Physiology Program. If a student has a change in health status while enrolled in the Master of Science in Exercise Physiology Program, the student is required to inform his/her program adviser and update the technical standards form. Where applicable, the Master of Science in Exercise Physiology program might require submission of supporting documentation from appropriate providers.

REQUIREMENTS

1. Completion of the technical standards form is required upon admission to the Master of Science in Exercise Physiology Program.
2. The form must be updated immediately if the student has a change in his/her ability to meet safety and technical standards at any point within the program.

DIRECTIONS

To indicate you are able to meet the safety and technical standards described below, initial each paragraph and sign at the bottom of page 2. Any evidence of a possible violation of the safety and technical standards might be cause for further evaluation at the university's discretion and/or dismissal from the Master of Science in Exercise Physiology Program. Evidence of possible violation may be obtained from the application materials, interviews or visual observations. Further evaluation may entail an interview or a physical examination by a physician or other provider of the university's choice.

TECHNICAL STANDARDS FOR CARROLL UNIVERSITY MASTER OF SCIENCE IN EXERCISE PHYSIOLOGY STUDENTS

In preparation for professional roles, exercise physiology students are expected to demonstrate the ability to meet the demands encountered within the career field. Certain functional abilities are essential for the delivery of safe and effective interventions. An applicant to the Master of Science in Exercise Physiology Program must meet and maintain the following safety and technical standards for progression throughout the program. Students unable to meet these technical standards will not be able to complete the program. Students shall notify the program in a timely manner of any change in their ability to meet technical standards.

Initial here _____

The safety and technical standards include, but are not limited to, the following:

Physical Ability. The student must be able to perform gross and fine motor movements with sufficient coordination needed to provide safe and effective assessments and interventions for clients/patients across the lifespan. The student is expected to possess the psychomotor skills and physical abilities necessary to safely and correctly perform a wide variety of health/fitness screenings, assessments, exercise tests, and exercise demonstrations. Examples of assessments include, but are not limited to, resting vitals and other biometrics, cardiopulmonary tests, functional capacity, ECG, anaerobic testing, musculoskeletal fitness, range of motion (ROM), body composition, balance, and functional abilities. Interventions include, but are not limited to, patient education, cardiovascular fitness training, endurance training, resistance training, performance training, flexibility and ROM, neuromuscular training, and functional training.

The student must have sufficient levels of physical and mental stamina to meet the demands associated with extended periods of sitting, standing, moving and physical exertion required for safe client/patient care. Students must be able to bend, squat, reach, kneel and balance. The curriculum might require students to carry and lift loads from the floor, from 12 inches from the floor, to shoulder height and overhead. The student must be able to occasionally lift 65 pounds from the floor to the waist, frequently lift or carry 25 pounds for distances up to 100 feet, and constantly lift up to 10 pounds. The student is expected to possess sufficient static and dynamic balance as well as agility to perform satisfactorily in clinical and performance settings.

Initial here _____

Communication Ability. The student must communicate effectively verbally and non-verbally to obtain important information and to clearly explain information to others as well as to facilitate communication among the patient, family members and other professionals. Each student must have the ability to speak and comprehend the English language as well as be able to read and write in a manner that meets the standards for literacy in higher education. Students must be able to actively listen and possess basic interviewing skills. The student must be able to document and maintain accurate records, and present information in a professional and appropriate manner to the target audience.

Initial here _____

MEXP Safety and Technical Standards Forms (continued)



(continued)

Intellectual/Cognitive Ability. The student must demonstrate the ability to develop critical thinking and problem-solving skills essential to the field of exercise physiology. Problem solving skills include the ability to measure, calculate, reason, analyze, synthesize, and judge objective and subjective data, and to make decisions in a timely manner that reflect thoughtful deliberation and sound judgment. The student must also possess the ability to comprehend, retain, retrieve and incorporate prior knowledge with new information from multiple sources including, but not limited to self, peers, instructors and related literature to formulate sound decisions for competent client/patient management, practice management and scholarship.

Initial here _____

Interpersonal Attributes. The student is expected to demonstrate sufficient stable emotional behavior to effectively work with others, perform assessment, and perform intervention activities. Empathy, integrity, motivation, honesty, and caring are personal attributes required of those in the Master of Science in Exercise Physiology Program. The student must have the ability to establish rapport and maintain respectful interpersonal relationships with individuals, families, groups and professionals from a variety of social, emotional, cultural and intellectual backgrounds and to collaborate effectively. Each student must be able to adapt to changing environments, displaying flexibility and a positive demeanor as well as to accept and integrate constructive criticism given in the classroom and professional settings. In addition, the student must demonstrate personal responsibility and accountability for their actions and reactions to individuals, groups, and situations to include the prompt completion of all responsibilities and tasks in the classroom and professional settings. Students must demonstrate continuous self-assess to improve as a professional.

Initial here _____

Ability to Manage Stressful Situations. The student must be able to adapt to, and function effectively in relation to, stressful situations encountered in both the classroom and professional settings, including emergency situations. Students will encounter multiple stressors while in the Master of Science in Exercise Physiology Program, and must effectively manage these stressors on an ongoing basis. These stressors might be related to (but are not limited to) personal issues, family, peers, supervisors/faculty, and clients/patients.

Initial here _____

Health Screening and Background Check. The student is required to have completed a health screening, updated immunizations and tuberculosis screening according to current [Centers of Disease Control and Prevention \(CDC\)](#) recommendations for health professionals, criminal background investigation and drug screening as required by internship placement sites. Exceptions to the immunization requirements will be considered on a case-by-case basis where, for example, a student has an allergy to a vaccine or one of its components. If an exception to the immunization requirements is approved, the University cannot guarantee that its affiliated hospitals and clinics will allow the student to participate in patient care, which is a fundamental requirement of the clinical education component of the Program.

Initial here _____

Evaluation. An applicant/candidate with a handicap shall not, on the basis of his or her handicap, except those that would preclude the essential skills outlined above, be excluded from participation in, denied the benefits of, nor be subjected to discrimination in the program. Carroll University may require that the applicant/student undergo a physical examination and/or an occupational skills evaluation.

All Master of Science in Exercise Physiology students must be able to perform the essential functions of a student exercise physiologist. Reasonable accommodations will be afforded to students with disabilities as required under the Americans with Disabilities Act of 1990. A student who can no longer perform the essential functions of a student physical therapist must report this to his/her program adviser. If reasonable accommodations cannot be made, the student will not be able to remain in the Master of Science in Exercise Physiology Program.

I certify that the information submitted in this form is complete and correct to the best of my knowledge.

Student Signature: _____ **Date:** _____

Print name here: _____

Signature of care provider: _____ **Date:** _____

(Note: Signature of care provider is not required at the time of application.)

Print name here: _____