

Living Well Application Form

Living Well Program at Slippery Rock University



Complete this form and the pledge at the bottom of the page.

NAME _____ A00 _____

ADDRESS _____ Phone _____

(Permanent) _____

_____ Email _____

Degree Major _____ How did you learn of this program? _____

Number of credits earned at SRU (including courses in progress) _____

Current Year in School Freshman Sophomore Junior Senior

Requirements of the Program:

1. Must complete each of the classes below with a “C” or better.
2. Must agree to the pledge that you will apply the core tenets of this program to your lifestyle

Courses:

Course Title	Dept #	Semester Enrolled	Grade
Stress Management	ERS 230		
Nutrition and Health	HLTH 314		
Wellness Through Movement	PHE 342		
Living Well*	PHE 430		

* The LW capstone class must be taken after the first three courses have been completed. The first three courses may be taken in any order, and if offered may be taken over summer and winter break.

Pledge:

I _____ pledge that I will complete the above coursework to the best of my ability. and I will abide by the core principles of this program as I learn them throughout my coursework. I understand that I am embarking on a mission to create the best possible health and wellness for my own life so that I might also be a better advocate for living well in my family and community. I pledge to be open-minded and I will be tenacious in my pursuit to overcome adversity for it is through this process that I become a stronger, better version of myself.

Signed: _____ Date _____

Application Date Received	LW Staff Initials
Date Program Completed	LW Program Director Signature

Program Director: Dr. Ethan Hull
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