

Credit Transfer

Department of Kinesiology, Health, and Sport Science and EMT Training  
Program Institute for Rural Health and Safety, Indiana University of Pennsylvania

To: [Name] [Address] [City] [State] [Zip]  
From: [Name] [Address] [City] [State] [Zip]  
Subject: [Course Name]

- KHSS 175 Physical Activity -01-2c
- KHSS 242 Ergonomics -2I-1c
- KHSS 319 Personal Fitness -01-3c
- KHSS 242 Ergonomics -2I-1c

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PEMT Co  
IUP \_\_\_\_\_ Ob \_\_\_\_\_