

**SODAK MICH XC CLINIC 2018**  
**ONE (1) HOUR GRADUATE CREDIT**

**REQUIREMENTS:**

1. Critique 8 sessions at the clinic.
2. Critique 8 articles on any XC coaching area.

**ARTICLE CRITIQUE FORM**

**YOUR NAME:**

**DATE:**

**TOPIC AREA:**

**AUTHOR OF ARTICLE:**

**JOURNAL OF PUBLICATION:**

**MONTH:**

**YEAR:**

**VOLUME:**

**PAGES:**

3. Please return your final by DEC. 1, 2018 or sooner to:  
**SODAK MICH XC CLINIC 2018**  
**915 E. 73<sup>rd</sup> Street**  
**SIOUX FALLS, SO.DAK. 57108**
4. Transcripts can be requested after DEC. 1, 2018 from the following address:  
**REGISTRAR'S OFFICE**  
**University of Sioux Falls**  
**1101 West 22<sup>nd</sup> Street**  
**Sioux Falls, So.Dak 57197 or**  
**[www.usiouxfalls.edu](http://www.usiouxfalls.edu)**
5. If you have question please contact:  
Jerry P. Miller  
915 E. 73rd  
Sioux Falls, SD 57108  
Email: [sodaktfcc@sio.midco.net](mailto:sodaktfcc@sio.midco.net)  
Phone: 605-261-3558

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THANK YOU.**