

**DEPARTMENT OF HEALTH AND KINESIOLOGY
THE UNIVERSITY OF TEXAS AT TYLER**

DECLARATION OF INTENT TO PURSUE GRADUATE STUDY

Name: _____
Last First Middle Date

Address: _____
Street City State Zip Code

E-Mail Address: _____

Telephone Numbers: _____

The Department of Health & Kinesiology has three graduate degrees. Please indicate the degree you seek.

Degree Sought

- Master of Education in Health and Kinesiology
- Master of Science in Clinical Exercise Physiology
- Master of Science in Kinesiology

Applying For Admission In: Fall Spring Summer _____
Year

Earned Bachelor's Degree: _____
Major Institution Date/Semester Received

Earned Master's Degree: _____
Major Institution Date/Semester Received

Other Earned Graduate or Professional Degree: _____
Major Institution Date/Semester Received

GRE General Test:
 Not taken and not scheduled Not taken but scheduled on _____
 Taken on _____ Scores, if known: _____
Verbal Quantitative Analytical Writing

TOEFL Total Score (if applicable): _____

- Please attach Statement of Goals.
- You may also attach other evidence that you think relates to your ability to succeed in the requested master's degree program.