

**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/Country Zip Code

E-Mail Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

- I intend to pursue the: ☐ Master of Education Degree in Health and Kinesiology  
☐ Master of Science Degree in Health Sciences  
☐ Master of Science Degree in Kinesiology

I am applying for admission starting: ☐ Fall Semester ☐ Spring Semester ☐ Summer of \_\_\_\_\_  
Year

Earned Bachelor's Degree: \_\_\_\_\_  
Major Institution Date or Semester Awarded

Earned Master's Degree: \_\_\_\_\_  
Major Institution Date or Semester Awarded

Other Earned Graduate or Professional Degree: \_\_\_\_\_  
Major Institution Date or Semester Awarded

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

- Please attach Statement of Goals Form.
- You may attach other information you think relates to your admission to the intended master's degree program.

Please send this form and any attachments via regular mail (To: Graduate Coordinator, Department of Health & Kinesiology, The University of Texas at Tyler; 3900 University Blvd., Tyler, TX 75799), FAX (903-566-7065), or email ([hkdept@uttyler.edu](mailto:hkdept@uttyler.edu)).