

DEPARTMENT OF HEALTH AND KINESIOLOGY THE UNIVERSITY OF TEXAS AT TYLER

DECLARATION OF INTENT TO PURSUE GRADUATE STUDY

Name: _____

Address:

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: _____

Earned Master's Degree: _____

Other Earned Graduate or Professional Degree:

GRE General Test:

- Not taken and not scheduled
- Taken on _____
- Not taken but scheduled 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).