## Department of Kinesiology and Health Education The University of Texas at Austin

## DECLARATION OF INTENT TO PURSUE GRADUATE STUDY

Name:						
Last			t Middle		Date	
Address:						
Street	City		State		Zip	
Email Address:		Telephone No				
Semester Applying:	Fall	Spring	Year	UT EID:		
Bachelors Degree:		<u> </u>				
Major		Institution		Date/Seme	Date/Semester Received	
Masters Degree:						
Ma	ajor	Institution		Date/Seme	ester Received	
GRE Scores:			TOEFL Total Score			
Verbal	Qualitative	Written Analytical				
Please indicate the degree yo specialization area for commit Degree Sought:		nendation.	plication file will be reference of MEd* (without T		ssions committee	in the
				116313)		
Areas of	Specialization in					
Health Behavior and Health Education			Area of Specialization in Kinesiology			
Health Education			Exerci	se Science		
PhD	MS	MEd MEd only		PhD	MS	MEd
I	Lifespan Health Promotion			al Exercise Sci	MEd only	
Physical Activity & Health Promotion		MEd only	· ·			MEd only
			Sport	Management		
				_ MS	MEd	
				sciplinary Spo		PhD only
			Gener	al Masters in k	Kinesiology	MEd only
*Initially all masters level stude	ents are accented into a	a "without thesis" Ma	ster of Education (MEd)	dearee program	n For students wh	no seek the
maany an masters level stud	and accepted into i			algies piegiai	or orduorito Wi	10 00011 110

Master of Science degree with thesis or report, it is the responsibility of the student to become involved in research and select an appropriate thesis/report advisor. Selection of the advisor is by mutual consent between the student who selects an advisor and the advisor who agrees to supervise the student. Usually this selection occurs during the first long semester of graduate course work.

\*\*Doctoral students are admitted to the program only with the mutual consent between the doctoral applicant and the advisor who agrees to accept and supervise the applicant.