



Application for Admission

**Graduate Programs / Department of Kinesiology
College of Health and Human Sciences**

Please type, print in ink. Send application materials to the Office of Graduate Studies, College of Health & Human Sciences, TCU Box 298625, Fort Worth, TX 76129.

Mr. / Ms. _____
Last, first, middle

Preferred name _____

Other names used in the past _____

Social Security Number _____

Contact Information

Please notify TCU of any changes in contact information made during the admissions process.

E-mail Address

May we use your e-mail address to communicate with you regarding the status of your application and/or admission decision? Yes No

E-mail address _____

Present Address

Please print your address exactly as you wish to receive mail, including zip or postal code and country.

Address effective through _____
Date

PHONE NUMBERS

Please indicate the appropriate country, city or area codes

Home phone _____

Work phone _____

Fax number _____

Permanent Address

If different than present address, please print your address exactly as you wish to receive mail, including zip or postal code and country

PHONE NUMBERS

Please indicate the appropriate country, city or area codes

Home phone _____

Fax number _____

FOR OFFICE USE ONLY

TCU ID # _____

Application # _____

Educational Plans

Date of planned enrollment _____
Month, year

Have you ever previously applied to any graduate program at TCU? Yes No

If yes, were you admitted? Yes No

If yes, did you enroll? Yes No

Will you request that TCU accept transfer graduate credit earned at another university? Yes No

If yes, please submit the appropriate transcripts with this application.

Demographic Information

Date of Birth _____ Gender: Female Male

U.S. citizen? Yes No

If not, country of citizenship: _____

If you are seeking a student visa, please complete the enclosed international student form.

Optional Information

The following information request is voluntary and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.

Racial/Ethnic Background (U.S. citizens only)

- Black, African American
- American Indian, Native American
- Asian, Pacific Islander, Asian American
- White, Caucasian
- Hispanic, Latino, Hispanic American
- Other, please specify: _____

I certify that the information presented in this application is complete and accurate.

Signature _____

Date _____

Educational Background

Please list chronologically all educational institutions you have attended since high school. Two official transcripts from each institution must be sent to TCU.

School	Dates Attended	Major	Degree	Date Conferred

Type of Admission Requested:

- Degree-seeking Graduate Admission: Master of Science (MS) in Kinesiology
- Non-degree Graduate Admission
- Visiting Student Graduate Admission

Will you be a full-time student (9 hours/semester)?

- Yes No

Will you be requesting financial aid to attend TCU?

- Yes No

Major Area of Emphasis:

- Adapted Physical Activity Motor Control
- Sport Psychology Exercise Physiology

This program requires two official transcripts from each educational institution attended since high school. The GRE is required for admission in this program.

Test Scores:

GRE _____
 V Q A Date Completed

TASP _____
 R M W Date Completed

TOEFL _____ **ExCET** _____
 Score Date Score Date

Other Tests _____
 Type Score Date Completed

Letters of Recommendation:

Please provide the name and title or position for each of the three individuals whom you have requested to send a letter of recommendation directly to the Office of Graduate Studies, College of Health & Human Sciences, TCU Box 298625, Fort Worth, TX 76129. These individuals should be able to assess your potential as a graduate student.

Name _____

Title or Position _____

Name _____

Title or Position _____

Name _____

Title or Position _____

