



Application for Admission

Graduate Studies in Kinesiology
Department of Kinesiology
Harris College of Nursing & Health Sciences

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

Contact Information

Mr. / Ms. _____
Last, first, middle

Preferred name _____

Other names used in the past _____

Social Security Number _____

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 _____

Work phone _____

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 contact International Student Services 817-257-7292.

Have you ever been convicted of a felony? Yes No

If yes, attach an explanation. Disclosure in the affirmative does not automatically disqualify you for consideration for admission, but will initiate a review by appropriate University officials.

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)

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

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

Signature _____

Date _____

Graduate Application

Graduate Studies in Kinesiology

Department of Kinesiology

Harris College of Nursing & Health Sciences

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

Will you be a full-time student (9 hours/semester)? Yes No

Will you be applying for an assistantship at TCU? Yes No

If yes, please complete the additional application form for an assistantship with the Kinesiology Department.

Major Area of Emphasis

- Exercise Physiology
- Nutrition, Phys. Activity & Disease
- Motor Control
- Sport Psychology

Test Scores

GRE Date completed _____

Verbal _____ Quantitative _____ Analytical Writing _____

TOEFL Date completed _____

Total _____ Listening _____ Reading _____ Essay _____

Statement of Experience and Vocational Goals

(Required of all applicants- This statement can be used for the assistantship application also) On a separate sheet:

- describe your academic and professional experience related to your intended area of emphasis;
- discuss how the program at TCU will help you achieve your educational and vocational goals; and
- describe your research interests in your intended area of emphasis.
- Include a copy of your resume or CV.

Letters of Recommendation

Please provide the name and title or position for each of the three individuals from whom you have requested a letter of recommendation directly to the Office of Graduate Studies, at the address below. 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 _____

Instructions

- Have TWO complete OFFICIAL transcripts mailed from the Registrar's Office of each institution attended since high school. (**NOTE: If the school last attended was TCU, we will obtain transcripts that are on file in our Registrar's Office – you do not need to have them mailed.**)
- Send application materials to Office of Graduate Studies, Harris College of Nursing & Health Sciences, TCU Box 298625, Fort Worth, TX 76129.
- **Include a non-refundable application fee of \$50 in the form of a personal check (drawn on a U.S. bank), money order, or cashier's check made payable to TCU.**

All applications and required materials, including letters of recommendation must be received by March 1st.



Office of Graduate Studies, Harris College of Nursing & Health Sciences, TCU Box 298625, Fort Worth, TX 76129