Graduate Study Supplemental Application PROGRAM IN EXERCISE SCIENCE

Oakland University

Graduate Admissions 520 O'Dowd Hall Rochester, Michigan 48309-4475

Name							
Address							
(Street)		(Cit	y)	(S	State)	(Zip)	
Email	Daytime Phone						
COMPLETION OF PREREQUISITE CO	OURSE WORK - List	all undergraduate/	graduate courses	s you have taken	in the following	ng areas:	
		_		,			
	Course number	Title	-	Credits	Grade	Institution	
Human Anatomy							
,							
Human Physiology							
Chemistry/							
Biochemistry							
Health/Fitness/							
Physical Activity							
First Aid/ CPR							
Exercise							
Physiology							
Kinesiology/							
Biomechanics							
Mathematics/							
Physics Drobability/							
Probability/ Statistics							
Statistics							
Lineary Contidention Are you su		-tified in any profes	:anal araaa lf ca	lease indicate	Lalou.		
Licensure/Certification - Are you currently licensed/certified in any professional area? If so, please indicate below.							
Assistantship - If you plan to study f	ull-time. would vou	ı like an applicatior	n for a graduate a	ssistantship sent	to vou?		
YES NO	, ,	The arrange of the second		,	,		
Experience in Exercise Science - List	under the followin	g categories:					
	Where		When		Activities	<u>; </u>	
Employment							
Volunteer Work/Field Experience							
Daysonal Evensias Daybiningtion							
Personal Exercise Participation							

PERSONAL STATEMENT - In the space provided below, please your professional goals, your aspirations for future achieveme		
Signature	Date	
Submission Instructions		
Complete the form in Adobe Acrobat • Click "File" • Click "Pr	•	
button • Choose the location to save the file on your comput and password and click 4.Submit Supplemental Items button		

done so already.