CALIFORNIA STATE UNIVERSITY, LONG BEACH
COLLEGE OF HEALTH & HUMAN SERVICES
DEPARTMENT OF KINESIOLOGY

Student Number: _____ Option: _____

PROGRAM FOR THE M.A./M.S. DEGREE

(Circle One)

Name: _____ Phone: _____
(Last) (First) (Middle)

Address: _____
(Street and Number) (City) (State) (Zip)

Bachelor Degree Major _____ Institution _____ Date _____

Program Entry Date _____ Mandatory Completion Date _____

Graduate Exam. Scores: Verbal _____ Quantitative _____ Completion Date _____

Graduate Writing Proficiency Exam Score _____ Completion Date _____

Dept.	No.	Course Title	Units		Date Completed		Grade
			300 400	500 600	Sem.	Year	

_____ _____ _____ _____
Student's Signature Date Department Graduate Adviser Date

_____ _____ _____ _____
Adviser's Signature Date Associate Dean Date

2005: White: Records Canary: Associate Dean Pink: Student Goldenrod: Department