



EMMA ECCLES JONES

College of Education & Human Services

UtahStateUniversity

DEPARTMENT OF KINESIOLOGY & HEALTH SCIENCE

Name in Full: _____ Date: _____
(Last) (First) (Middle)

Student A#: _____ Email Address: _____

Present Address: _____
(Name & Street) (City) (State) (Zip)

Permanent Address: _____
(Name & Street) (City) (State) (Zip)

Phone Number: _____
(Present) (Permanent)

Academic Year Desired for Consideration:

Degree Sought: M.Ed. _____ MS _____ MFP _____ MPH _____

Institutions Attended (Post High School) in Order of Attendance:

<u>Name of Institution</u>	<u>Location</u>	<u>Years Attended</u>	<u>Degree if Any</u>

Undergraduate Major: _____ Number of Credits: _____ GPA: _____

Undergraduate Minor: _____ Number of Credits: _____ GPA: _____

Areas of Competency: i.e. Fitness related Activities, Sports, First- Aid and/or other certifications, Laboratory teaching related to KHS, Health Education, Research etc.



References: Give three names and contact information of previous professors who could be contacted concerning your application

1) Name: _____	Institution: _____
Email: _____	Phone: _____
2) Name: _____	Institution _____
Email: _____	Phone: _____
3) Name: _____	Institution _____
Email _____	Phone: _____

Have you completed the online graduate school admission application and submitted it to the USU graduate School?

Yes _____ No _____

Utah State University is committed to a policy of equal opportunity in student admission, student financial assistance, and faculty and staff employment and advancement without regard to race, color, religion, sex, age, national origin or handicap.