



BIOMECHANICS PROGRAM APPLICATION

Exercise Science Division of School of Physical Education, Sport and Exercise Science

Contact Information

Name: _____
Permanent Address: _____
Current Address: _____
Permanent Phone #: _____ Cell Phone #: _____
Email Address: _____

Educational Information (List all Colleges or Universities you have attended)

School Name & Location: _____ Dates Attended: _____
Degree: _____ GPA: _____
Undergraduate Major: _____ Dept: _____
Undergraduate Minor: _____ Dept: _____

School Name & Location: _____ Dates Attended: _____
Degree: _____ GPA: _____
Undergraduate Major: _____ Dept: _____
Undergraduate Minor: _____ Dept: _____

School Name & Location: _____ Dates Attended: _____
Degree: _____ GPA: _____
Undergraduate Major: _____ Dept: _____
Undergraduate Minor: _____ Dept: _____

GRE Scores

Verbal: _____ Quant: _____ Analyt: _____ Year Taken: _____

References

List names, addresses, and telephone numbers of three individuals who will be sending letters of recommendation on your behalf. **It is the applicant's responsibility to make sure that we receive the letters by FEBRUARY 15.**

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>	<u>Email</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

