



**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:** \_\_\_\_\_ MED \_\_\_\_\_ MS \_\_\_\_\_ MFP \_\_\_\_\_ MPH \_\_\_\_\_ MSM \_\_\_\_\_ PHD

**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) <b>Name:</b> _____	Institution: _____
Email: _____	Phone: _____
2) <b>Name:</b> _____	Institution _____
Email: _____	Phone: _____
3) <b>Name:</b> _____	Institution _____
Email _____	Phone: _____

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

Yes \_\_\_\_\_ No \_\_\_\_\_

Please submit the completed form through email.  
khs@usu.edu

*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.*