

TEXAS A&M UNIVERSITY
Department of Health and Kinesiology

APPLICATION FOR PROBLEMS COURSE

Date _____ 20____

I request enrollment in: _____ **685** for the _____ semester, 20 __, for __ semester hours of credit.

I will enroll in 685 as a replacement of the following canceled course: _____

_____ has agreed to direct this study.

Director of Problems Course

The purpose of this Problems Course is to (briefly describe the problem to be solved):

Completion of a written document and a minimum of 30 hours per credit hour is required. Technique for solving the problem is as follows (briefly describe the experiments, statistics, readings, observations, etc. to be accomplished):

I understand that I must not register for this course until approval signatures are secured. If I fail to comply with this requirement, I may be dropped from the course without notice.

Applicant's Signature

NAME: _____ **MAJOR:** _____ **UIN:** _____

ADDRESS: _____

City State Zip Code

LOCAL PHONE: _____ **EMAIL:** _____

Faculty Director of Problems Course

Faculty Advisor

Chair, Graduate Programs
Department of Health & Kinesiology

xc: Faculty Director of Problems Course
Faculty Advisor
Student
Student's Permanent File

Revised 09/13/11