

TEXAS A&M UNIVERSITY
Department of Kinesiology and Sport Management

APPLICATION FOR GRADUATE PRACTICUM

Date: _____

I request enrollment in:

683 for the _____ semester, 20_____, for 3 semester hours of credit.

_____ has agreed to direct this Practicum.
Director of Practicum

The purpose of this Practicum is (briefly describe the proposed activity):

I understand that this form **MUST** be approved by the Chair of the Graduate Programs before I may register for classes, and that if I fail to comply with these requirements, I may be dropped from the course without notice. I have read and I understand the above agreement.

Applicant Signature

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

LOCAL PHONE: _____ **EMAIL:** _____

Director of Practicum Signature

Faculty Advisor Signature