

**TEXAS A&M UNIVERSITY**  
**Department of Health and Kinesiology**

**APPLICATION FOR GRADUATE PRACTICUM**

Date \_\_\_\_\_ 20\_\_\_\_

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's Signature**

**NAME:** \_\_\_\_\_ **MAJOR:** \_\_\_\_\_ **UIN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
City State Zip Code

**LOCAL PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

\_\_\_\_\_  
Faculty Director of Practicum

\_\_\_\_\_  
Faculty Advisor

\_\_\_\_\_  
Chair, Graduate Programs  
Department of Health and Kinesiology

xc: Faculty Director of Practicum  
Faculty Advisor  
Student  
Student's Permanent File