Application for an Updated Degree Plan

Name: __________________________

PeopleSoft ID: _________________________

Address: ____________________________

City, State, Zip: _________________________

Phone Number: _________________________

Email Address: _________________________

Choose one of the following:

Major

____ KIN/Movement and Sports Studies Track I
____ KIN/Exercise Science Track (Primary Option)
____ KIN/Exercise Science Track (Health Professions Option)
____ KIN/Sport Administration
____ Health (Health Promotion Emphasis)
____ Human Nutrition and Foods

Minor

____ Health
____ Kinesiology
____ Nutrition

How would you like to receive your degree plan?

____ By mail
____ Pick up in person (Come back to 104 Garrison after one week.)