School of Kinesiology and Recreation
Illinois State University
Request to Change Graduate Sequence

A. General Information	
Name:	
University ID:	
Local Address:	
Local Telephone:	
Email:	
Current Sequence:	
Current Advisor:	
Sequence Applying To:	
Date of Request:	

B. Personal Statement
Please provide a concise (1-2 page) rationale for applying to a new KNR graduate sequence. Be sure to clearly indicate how enrolling in this sequence matches with your career goals and will assist you in your professional development.

C. Coursework

Using the table below, please report all the courses you have taken at Illinois State University since your enrollment in graduate school.

ISU Graduate Courses

Dept. and Course Number	Course Title	Sem Hours	Grade	Sem/Year

D. Submission

Please Submit this Form to:	OR	*Send an Electronic Copy of this form (saved as a Word Document) as an Attachment to:*
Graduate Program Director c/o Nancy Woods Illinois State University School of Kinesiology and Recreation Campus Box 5121 Normal, IL 61790-5121 Phone: (309) 438-5681		Nancy Woods nwoods@ilstu.edu

_____ Approved _____ Not Approved

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Graduate Program Director Signature

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Date