

College of Health and Human Performance  
Department of Applied Physiology and Kinesiology  
University of Florida

NAME: \_\_\_\_\_ UF ID# \_\_\_\_\_

GRADUATE DEGREE PROGRAM CONTRACT \*\*

I have chosen to pursue the degree:

\_\_\_\_\_ **Master of Science in Applied Physiology and Kinesiology**

\_\_\_\_\_ **Doctor of Philosophy in Health & Human Performance**

as a consequence of my background and my professional goals. This selection was made with a complete understanding of the degree requirements involved and the program of courses to be undertaken (see the appended course of study).

My area of specialization within the Department of Applied Physiology and Kinesiology will be \_\_\_\_\_.

Any changes in the condition of this contract must be approved by the chairperson of the supervisory committee and the graduate coordinator.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

\*\* Please return contract and course of study to Graduate Coordinator for final signature.



