

Center for Clinical Movement Science ●●●

INTERDISCIPLINARY GRADUATE MINOR AND POSTBACCALAUREATE CERTIFICATE PROGRAM
CLINICAL PHYSIOLOGY AND MOVEMENT SCIENCE
APPLICATION FORM AND RECORD OF COURSES

Program Application (check one): ____ Ph.D. minor ____ Masters minor ____ Postbacc.

Date: _____ (mm/dd/yyyy)

A. Background Information

Name		
Last Name:		Middle Initial:
First Name:		
Student ID# (if applicable):		

Local Address		
Street:		
City:		State:
Telephone:	Email:	

Current Degree Information (if applying for the graduate minor program)
Major Area:

Past Degree Information (degrees completed)	
Major Area of Bachelor:	When (yyyy):
Major Area of Masters:	When (yyyy):

Desired Minor or Postbacc Track (check one)
Clinical Physiology:
Clinical Movement Science:

B. Course Plan

List the courses you plan to take for your program. If applying for a graduate minor, consult with your advisor prior to submitting the application. If applying for a postbaccalaureate program, consult with the Director of Graduate Studies of the CPMS program.

Course designator	Course number	Title	Planned enrollment (e.g., spring 2011)	Credits
			Total	

Applicant's Signature

Advisor's Signature (if applicable)

Return application form to: Dr. Jürgen Konczak, Director of Graduate Studies
Program in Clinical Physiology and Movement Science
400 Cooke Hall, 1900 University Ave. S.E.
Minneapolis, MN, 55455

For Office Use Only
Admission Committee Member Signature:
Director of Graduate Studies Signature:
Date Approved: