Name: Click here to enter text. WIU ID No: Click here to enter text.

Present mailing address: Click here to enter text. Phone No: Click here to enter text.

Degree Sought: M.S. Major: Kinesiology

Option/Emphasis #1: *Choose an item.* Option/Emphasis #2: *Choose an item.*

Semester/year first WIU course: Click here to enter text Catalog Year: Click here to enter text.

**Degree Requirements (Thesis – 36 Credits)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Department | No. | Title | Semester Hours | Grade | Instructor |

**Required Courses (12 Credits)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| KIN | 511 | Measurement & Statistical Analysis | 3 | Course Grade | Instructor |
| KIN | 512 | Research Methods in Kinesiology | 3 | Course Grade | Instructor |
| KIN | 599 | Thesis Research | 3 | Course Grade | Instructor |
| KIN | 601 | Thesis | 3 | Course Grade | Instructor. |

**Primary area of study (12 Credits)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Department | Course Number | Course Title | Semester Hours | Course Grade | Instructor |
| Department | Course Number | Course Title | Semester Hours | Course Grade. | Instructor |
| Department | Course Number | Course Title | Semester Hours | Course Grade | Instructor |
| Department | Course Number | Course Title | Semester Hours | Course Grade | Instructor |

**Secondary area of study (12 credits)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Department | Course Number | Course Title | Semester Hours | Course Grade | Instructor |
| Department | Course Number | Course Title | Semester Hours | Course Grade | Instructor |
| Department | Course Number | Course Title | Semester Hours | Course Grade | Instructor |
| Department | Course Number | Course Title | Semester Hours | Course Grade | Instructor  |

|  |
| --- |
| **Electives – if chosen** |
|  |  |  |  |  |  |

**Total semester hours = List deficiency courses (if any):**

**Thesis supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student’s signature/date:

 **Students – Do not write below this line**

**Candidacy and Degree Plan Approval:**

Adviser’s signature/date:

Graduate committee chairperson’s signature/date:

Committee member’s signature/date:

Committee member’s signature/date:

School of Graduate Studies/Date:

**Clearance Date**

 Graduation application:

 Thesis/Dissertation (if required)

 Graduate Studies

 **Form will not be processed without signatures**

Complete this form and submit to your adviser upon completion of 9-15 semester hours of graduate course work

