Declaration of Intent to Take a Comprehensive Examination
School of Human Movement, Sport, & Leisure Studies

Name_____

BGSU ID:_____

Program: _____Kinesiology
_____Sport Administration
_____Leisure & Tourism

Advisor/chair of comp. committee_____
Printed name signature

Committee members: _____
Printed name signature

_____
Printed name signature

The exam will be scheduled for: Semester: _____Fall
_____Spring
_____Summer

Year: _____