

## **DSU Sport Management Program Information Request Form**

**First Name \***

**Last Name \***

**Email \***

**Country**

**Street Address**

**Second line address**

**City**

**State**

**Zip**

**Home phone**

**Fax**

**Expected (or, if graduated, most recent) degree, major, and college/university**

**Expected graduation date (or, if graduated, date most recent degree was awarded)**

**Desired semester of enrollment**

**I would like information concerning**

B.S. Sport Management

M.S. Sport Administration

**I am particularly interested in the following program or advisor**

**Other options/information requested**

Faculty research interests

Funding/grant opportunities

Please have a faculty member contact me.

I wish to arrange for a campus visit.

**Other comments or questions?**

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**Source URL:** <http://desu.edu/dsu-sport-sciences-program-information-request-form>