

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?

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