



COLLEGE OF HEALTH AND SOCIAL SCIENCE
DEPARTMENT OF KINESIOLOGY
1600 Holloway Avenue
San Francisco, CA 94132-1416
Tel: 415/338-2244; Fax: 415/338-7566
Website: <http://kin.sfsu.edu/>

“Change of Major”

Kinesiology Department Additional Information

(For continuing students only)

1. Name (Last, First): _____
2. Student ID #: _____
3. SFSU Email: _____
4. Overall GPA: _____
5. Total # of units completed (including current semester): _____
6. Have you previously applied to our major? Yes___ No___
7. Did you enter SF State as a first-time freshmen or transfer student?
 - a. FTF
 - b. Transfer
8. Are you eligible for financial aid?
 - a. Yes
 - b. No
9. Are you a 1st generation in your family to attend college?
 - a. Yes
 - b. No
10. Are you a part of any of the following programs? (Select all that apply)
 - a. Athletics
 - b. Metro
 - c. SOAR
 - d. Educational Opportunity Program (EOP)
 - e. Others:

NOTE: You MUST submit this form for your application to be fully considered.