



*Division of Kinesiology*  
*The University of Michigan*

**Ph.D. Guidance Committee**

Student \_\_\_\_\_ Student I.D.# \_\_\_\_\_  
Local Address \_\_\_\_\_ E-mail \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

**Guidance Committee** date formed \_\_\_\_\_

Name	email	phone	University I.D.
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Please give this to the Graduate Program Coordinator.