PLEASE SEND COMPLETED FORM TO:

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Candidate's Paper

Recreation, Parks, and Leisure Services Administration
Central Michigan University
(989) 774-3858

Please PRINT or TYPE

Name: _____
Last First Middle

Concentration: _____ Date: _____

In one to two pages please respond to the following requests:

I. Discuss you professional/career goals in relation to the graduate program in Recreation, Parks, and Leisure Services Administration.

II. Identify and discuss prior experiences (educational, work, other) you feel are relevant to your graduate program and professional/career goals.