

**ACTIVITY PREFERENCE FORM
DEPARTMENT OF KINESIOLOGY
TEXAS WOMAN'S UNIVERSITY**

Name _____ SS # _____

Permanent Address _____

Home Phone _____ Work Phone _____

Degree Sought _____ Area of Interest _____

Date You Plan to Enter Graduate Study _____

Directions: Please check one time (√) those courses which you are able to teach. Please double check (√√) those courses which you prefer to teach and in which you do your best work. Place checks in the column of the level in which you are most comfortable teaching: beginning, intermediate or advanced.

	Beginner	Intermediate	Advanced
Bowling			
Golf			
Volleyball			
Self Defense			
Walleyball			
Soccer			
Swimming			
Tennis			
Aerobics			
Weight Training			
Jogging			
Aqua Aerobics			
Beginning Swimming			
Swimming for Fitness			
Racquetball			
Climbing & Repelling			
Management			
Computer/Media			
Weight Room			
Supervision/Scheduling			
Aquatics			

WSI rating and certifications held: American Red Cross _____

Official's ratings _____

Other Credentials/information _____