

DEPARTMENT OF KINESIOLOGY
 REQUEST FOR ON-CAMPUS FIELD WORK ASSIGNMENT
 FOR COACHING MINORS
 KIN 170E

Last Name	First	Student ID	Date
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Address	HuP Minor _____
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Telephone	Concentration _____
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Have you ever registered for KIN 170E? YES NO

Please complete this form with the proper signatures and return it to SPX 56 to obtain the code number for the course. ALL signatures are required for registration. If you do not obtain all of the signatures your name will be dropped from the roll sheet.

Reasons for registering for 170E (eg: need for graduation or to fulfill your minor requirement, etc.) _____

	Activity Course #	Time	Days	Instructor's Approval
1.	_____			
2.	_____			
3.	_____			

Request:

Denied _____
 Approved _____

Advisor's Signature	Date
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Denied _____
 Approved _____

Undergraduate Coordinator's Signature	Date
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Denied _____

Approved _____

Chairperson's Signature

Date

Class Code: _____

Permission Code: _____

Date: _____