

DEPARTMENT OF KINESIOLOGY  
 REQUEST FOR OFF-CAMPUS FIELD WORK ASSIGNMENT  
 COACHING MINORS  
 KIN 170F

Last Name	First	Student ID	Date
Address		Email	
		Telephone	

Have you ever registered for KIN 170F?    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.

Statement of off-campus service/job (voluntary):

---



---



---



---



---

Attach a statement from your sponsor (on-site supervisor) indicating hours of work, responsibilities of student, name of student's direct supervisor, etc. The sponsor will submit a written evaluation of student's work two weeks prior to the end of the semester.

Request:

Denied	_____		
Approved	_____	Advisor's Signature	Date
Denied	_____		
Approved	_____	Undergraduate Coordinator's Signature	Date
Denied	_____		
Approved	_____	Chairperson's Signature	Date

Class Code: \_\_\_\_\_ Permission Code: \_\_\_\_\_ Date: \_\_\_\_\_

8/03 - wjk