

DEPARTMENT OF KINESIOLOGY
 REQUEST FOR FIELD WORK ASSIGNMENT
 (170G/H)

Last Name	First	Student ID	Date
-----------	-------	------------	------

Address

Telephone

Please complete this form and return it to SPX 56 to obtain the code number for the course. Department Chairperson's approval is required for registration.

_____ 170G Field Experience - Activity Assistant

Indicate the specific class in which you would like your field experience assignment. You must have the instructor's signature to permit your enrollment. However, the signature does not guarantee placement.

Activity Course # and Title	Time	Days	Instructor's Approval
-----------------------------	------	------	-----------------------

Denied _____

Approved _____

Chairperson's Signature

Date

_____ 170H Field Experience - S.C.U.B.A. Assistant

You must have the instructor's signature to permit your enrollment.

Activity Course # and Title	Time	Days	Instructor's Approval
-----------------------------	------	------	-----------------------

Denied _____

Approved _____

Chairperson's Signature

Date

Class Code: _____

Permission Code: _____

Date: _____