Last Name                               First                      Student ID          Date

Address

(       )                       Unites completed ________
Phone                                      Email

For which semester are you applying?   (Check one)  ☐ Fall 20___  ☐ Spring 20___

Please complete this form and return it to SPX 56 to obtain the class code number.

1.  I have completed at least 60 units of college or university work:  ☐ YES  ☐ NO
2.  My GPA is 2.5 or higher:  ☐ YES  ☐ NO
3.  I am a Kinesiology:  ☐ MAJOR  ☐ MINOR
4.  Emphasis or Option ________________________________

Circle the course you are requesting:
  # of units previously completed: ________
  # of units requested . . . . . . . : ________

Minimum Requirements:  50 hours of internship/fieldwork experience per unit of academic credit and/or a minimum 8-10 page paper with a minimum of 8-10 references per unit of academic credit.

I acknowledge that I have spoken with my advising instructor and I am aware of and agree to these minimum requirements.  __________ (student init.)

Statement of project/study/research and how it will be evaluated:

Signature of Approval of Supervising Instructor:  ________________________________
Signature of Approval of Undergraduate Coordinator:  ________________________________

Class Code:  __________  Permission Code:  __________  Date:  __________