DEPARTMENT OF KINESIOLOGY
REQUEST FOR INDIVIDUAL STUDY
KIN 180

_____ _____ _____
Last Name First Student ID Date

_____
Address

(___)_____ _____ Units 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: _____

8/03 - wjk