DEPARTMENT OF KINESIOLOGY
REQUEST FOR INDIVIDUAL STUDY
KIN 184

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<tr>
<th>Last Name</th>
<th>First</th>
<th>Student ID</th>
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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:

184  # 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:  __________