REQUEST FOR DIRECTED READING
KIN 184

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:

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:  ________________________________