DEPARTMENT OF KINESIOLOGY
REQUEST FOR INDIVIDUAL STUDY
(KIN 298)

Please complete this form and return to SPX 56 to obtain the course code.

<table>
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<tr>
<th>Last Name</th>
<th>First</th>
<th>Student ID #</th>
<th>Date</th>
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Address

Phone

Email

Semester for which you are applying (check one):

- Fall 20
- Spring 20
- Winter 20
- Summer 20

Please supply the following information:

- GPA of 3.0 or higher
  - Yes
  - No
- Admitted to Candidacy
  - Yes
  - No
- Completed 21 units toward MA
  - Yes
  - No
- Is HS-IRB approval required?
  - Yes
  - No
- Has HS-IRB approval been obtained?
  - Yes
  - No

Project Title

Statement of Projected Study/Research:

Evaluation Criteria:

I understand that this application constitutes a commitment on my part to complete and present a poster presentation for my KIN 298 project scheduled this semester. I understand that a 250 word abstract, using APA format is required and must be given to the Plan B Coordinator no later than two weeks prior to my presentation. (Forms can be secured in the KIN front office.) I further understand that failing to submit an abstract or present will be counted as an official attempt to complete the Plan B requirement. If serious and compelling reasons arise that prohibit me from attending the presentation or completing the project, I will, at that time, present written proof or verification of circumstances to my KIN 298 advisor, the Plan B chair and the Graduate Coordinator.

Signature ___________________________ Date ___________________________

Questions may be directed to the Plan B Coordinator, KIN Department, SPX 56 (408) 924-3010

One copy to Graduate Coordinator, One copy to Plan B Coordinator, One Copy to Office Files

Signature of Approval of Supervising Instructor: ___________________________

Approval of Graduate Coordinator: ___________________________

Class Code: ___________ Permission Code: ___________ Date: ___________