DEPARTMENT OF KINESIOLOGY
REQUEST FOR INDIVIDUAL STUDY
(KIN 299)

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

__________________________________________
__________________________________________
__________________________________________
__________________________________________

Last Name                      First                      Student ID #                      Date

__________________________________________

Address

__________________________________________

_______________________     ______________________
Phone                      Email

Semester for which you are applying (check one):  ☐ Fall 20___  ☐ Spring 20___  
                                                  ☐ Inter. 20___  ☐ Sum. 20_____

Please supply the following information:

✓ GPA of 3.0 or higher        ☐ Yes  ☐ No
✓ Admitted to Candidacy       ☐ Yes  ☐ No

✓ Number of units requested  __________________________

Is HS-IB approval required?   Yes ______   No ______

Has HS-IRB approval been obtained? Yes ______   No ______

Previous 299 units taken _________

Project Title

__________________________________________

Statement of Projected Study/Research:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Evaluation Criteria:

Signature of Approval of Supervising Instructor: _________________________________

Approval of Graduate Coordinator: _________________________________

Class Code: ____________  Permission Code: _____________________  Date: ____________

8/03 - wjk