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