

**DEPARTMENT OF KINESIOLOGY
REQUEST FOR INDIVIDUAL STUDY
(KIN 298)**

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_____

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: _____