Kinesiology Individual Movement Studies (KIN 80)

Current description:

1 unit(s)
Individual work related to motor performance and activity made by special arrangement.
Misc/Lab: Activity 2 hours.
Grading: Credit/No Credit

Notes:

• Use this registration form for Individual Movement Studies (KIN 80) coursework.

• Minimum Requirements: 30 academic hours of fieldwork experience (including conducting projects/activities related to the class, participating in class activities, and assisting the instructor) per 1 unit of academic credit and a completed project report as assigned by the instructor.

• You must complete the individual movement studies during the semester in which you are registered, and it cannot be extended outside that time.

• Grading is credit (CR) or no Credit (NC) and will be determined based on requirements specified by your Kinesiology individual movement study supervisor.

Complete and turn in your individual movement studies enrollment forms

• Complete the enrollment form in consultation with your KIN individual movement studies faculty supervisor.

• When forms are complete, email/DocuSign as a PDF, to the Kinesiology staff (Ms. Victoria Duval victoria.duval@sjsu.edu). The KIN staff will review and then forward forms to the Kinesiology Activity Program Coordinator. Upon approval, a KIN staff will contact you with add code information.
NOTE: A KIN 80 class does NOT qualify for, and may NOT be used for, fulfillment of a PE requirement at SJSU.

Last Name ____________________________ First ____________________________ Student ID# ____________________________

Street Address ____________________________ Major Emphasis ____________________________

City ____________________________ State ____________________________ Zip ____________________________ Phone ____________________________

Email Address ____________________________

Name of Person to Contact in an Emergency ____________________________ Emergency Contact Phone # ____________________________

Relationship of Emergency Contact to Student ____________________________

☐ Yes ☐ No - I have previously taken the activity class that I now wish to register for through KIN 80.
Name of Activity course ________ participating in: ________

☐ Yes ☐ No - I have previously taken KIN 80
KIN 80 course participating in: ________ Name of instructor: ________
KIN 80 course participating in: ________ Name of instructor: ________

Brief description of individual movement study:

________________________________________________________________________

How individual movement study will be evaluated:

________________________________________________________________________
Student Signature: ____________________________ I acknowledge that I have organized this class plan and have received the approval from my KIN 80 instructor, and I am aware of, and agree to, the requirements.

KIN Faculty Individual Movement Studies

Comments:

☐ Request Approved
☐ Request Denied

Name & Signature ____________________________ Date ____________

Physical Activity Program Coordinator

Comments:

☐ Request Approved
☐ Request Denied

Name & Signature ____________________________ Date ____________