

**DEPARTMENT OF KINESIOLOGY  
REQUEST FOR INDIVIDUAL STUDY  
(KIN 299)**

Please complete this form and return to Graduate Coordinator or SPX 102 attention Winston Kwong to obtain the course code.

\_\_\_\_\_  
Last Name                      First                      Student ID #                      Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone                      Email

Semester for which you are applying:

Please supply the following information:

GPA of 3.0 or higher                      Yes                      No

Admitted to Candidacy                      Yes                      No

Number of units requested                      \_\_\_\_\_

Is HS-IRB 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: _____
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