

## HLTH/KNPE 595/6.0 Honours Thesis

Student Number		Surname				Given Name			
<b>BPHEH</b>		<b>BSCH KIN</b>		<b>HLTH</b>		<b>Graduation Date</b>			
SPF		SSP		MED		MAJ		Spring 20____	Fall 20____
Covered Under Ongoing Ethics Approval		Term Registered				Calendar Year:			
						<b>BSCH SSP KINE ONLY:</b>			
Yes		No		F		W		<u>Check</u> which category this falls under:	
If yes, indicate Ethics Project #: _____		Term(s) Working on Course (Check all applicable)				Applied Exercise Science			
						Psych & Socio-Cultural Studies			
Participation in SKHS Poster Presentation		SS		F		W		Physical Activity Epidemiology and Health Promotion	
Yes		No		Submitting work by end of:				Lab Course	
				F		W		<i>Note: Must be in year 4 to enroll in this course.</i>	

Kingston Phone:		Home (Cell) Phone:	
Queen's Email:		Other Email:	

Proposed Title:	
Description: (Limit — two sentences)	
Supervisor (PRINT):	
Supervisor's Signature:	
Supervisor's Email:	
Supervisor's Phone:	
Student's Signature:	
Date Submitted:	

### OFFICE USE

<b>UG Coordinator's Approval</b>			
Registration Signature:		Date:	
Ethics Review:	Required    Yes    No	Received _____	Approved _____
Final Grade	Signature:	Date:	