## **HLTH/KNPE 456/3.0** Survey of Research and Literature **Student Number** Surname **Given Name BPHEH BSCH KIN HLTH Graduation Date SPF SSP** Fall 20 **MED** MAJ Spring 20\_ Calendar Year **Term Registered BSCH SSP KINE ONLY:** Check which category this falls under: SS F W Working on Course (Check all applicable) **Applied Exercise Science** SS Psych & Socio-Cultural Studies **Poster Presentation** Submitting work by end of: Physical Activity Epidemiology and Yes No F W **Health Promotion** Note: Must be in year 4 to enroll in this course. **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 UG Coordinator's Approval Registration Signature:** Date: **Final Grade** Date: **Signature:**