

Queen's University
School of Kinesiology and Health Studies

SKHS Research Skills Development Practicum KNPE 352/3.0 & HLTH 352/3.0			
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Student Number	Surname	Given Name	
Kingston Phone	Home (Cell) Phone	Queen's Email	
Program (Circle)			Level in Program
PHE	KIN	HLTH	

Course Selection		
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<input type="checkbox"/> KNPE 352/3.0 PHE or KIN Students Only	<input type="checkbox"/> HLTH 352/3.0 HLTH Students Only	BSCH SSP KINE ONLY: <u>Circle</u> which category this falls under: <ol style="list-style-type: none"> 1. Applied Exercise Science 2. Psych & Socio-Cultural Studies 3. Physical Activity Epidemiology and Health Promotion
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Faculty Member Approval			
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Faculty Member (PRINT):			
Email:		Phone:	
Faculty Member's Signature:			
Ethics Training Required	No ___	Yes ___	Date Completed
Student's Signature:			
Date submitted:			

SKHS OFFICE USE

Approval for Registration		
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Undergrad Coordinator		Date:
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Course Completion		
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Final Grade		
Signature		Date: