

HLTH/KNPE 491/3.0 Special Project

Student Number		Surname				Given Name			
BPHEH		BSCH KIN		HLTH		Graduation Date			
SPF		SSP		MED		MAJ		Spring 20 _____	Fall 20 _____
Covered Under Ongoing Ethics Approval		Term Registered				Calendar Year:			
						BSCH SSP KINE ONLY:			
Yes		No		SS		F		W	
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			

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:	
Ethics Review:	Required Yes No	Received _____	Approved _____
Final Grade	Signature:	Date:	