DEPARTMENT OF KINESIOLOGY REQUEST FOR SPECIAL STUDY (KIN 298)

Please complete this form and email it to your advisor and then the graduate coordinator.

Last Name	First Name	Student ID			Email Email
			□ Fall	20	□ Spring 20
Semester for which you are applying (check		ek one):	□ Winter	r 20	□ Summer 20
Please supply the fol	llowing information:				
✓ GPA of 3.0 or higher		□ Yes	□ No		
✓ Admitted to Candidacy ✓ Completed 21 units toward MA		□ Yes	□ No		
✓ Completed 21 uni	ts toward MA	□ Yes	□ No		
Is HS-IRB approval	required?	□ Yes	□ No		
Has HS-IRB approv		□ Yes	□ No		
Project Title					
I	1. 4			1141.:	below or as an attachment.
I understand that this application constitutes a commitment on my part to complete an APA-formatted: (a) abstract that is no more than 250 words; (b) literature review that is at least 15 pages, excluding the title page and references; (c) deliverable, such as a research study, manual, or business plan; and (d) poster that will be presented at the end of the semester. I understand that the abstract must be submitted to the Graduate Coordinator via Canvas no later than one week prior to my presentation and that the final versions of the literature review, deliverable, and poster must be submitted to Canvas prior to presenting my poster. I agree to stay updated with deadlines by visiting the KIN 298 Canvas course and communicating with my project advisor. I understand that failing to submit an abstract, literature review, and deliverable as well as present a poster will be counted as an official attempt to complete the Plan B requirement. If extenuating reasons arise that prohibit me from attending the presentation or completing the project, I will communicate these with my project advisor and discuss the possibility of receiving an "RP" grade for this semester.					
Signature				Date	_
Questions may be directed to your Plan B advisor or the Graduate Coordinator.					
Questi	ions may be directed to	o your Plan B advis	or or the G	raduate C	loordinator.
One copy to Student, One copy to Graduate Coordinator, One Copy to Office Files Signature					
Approval of Supervising Instructor:					
Approval of Graduate Coordinator:					
Class Code:	Permissi	ion Code:			Date: