KINES 296 or KINES 496 INDEPENDENT STUDY FORM

STUDENT INFORMATION:	
Name	Student #
PSU Email	Phone#
# of Credits* Semester (*45 hours per credit)	Faculty Name
KINES 296_ or KINES 496 _:	
A. Athletic Training B. Biomechanics C. Exercise Physiology D. History & Philosophy of Spor	F. Psychology of Movement G. Teaching/Coaching rt K. Applied Kinesiology
1. PURPOSE (PLEASE CHECK ALL THAT	Γ APPLY)
Research Paper	Data collection Other
4. MEANS OF ASSESSMENT Written exams Readings Practical exams Research	Typed papers Formal presentations Logs
journal reviews	Other
A RESERVE TO SERVE TENT	Terrel minus
(Student Signature)	(Date)
The production of the con-	
(Kinesiology Faculty Signature)	(Date)
Please return this form to Missy Weaver at m	ıkf15@psu.edu.
Administrative Use: Rcvd: Course#:	Entered: