

# BROCK UNIVERSITY

## DEPARTMENT OF KINESIOLOGY

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### Application for KINE 3P99, 4P99, 4F91 Special Studies and Advanced Topics in Kinesiology and Physical Education (Thesis/Project)

#### GENERAL INFORMATION

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##### Undergraduate Calendar Description:

Directed study in specialized areas of kinesiology and physical education. Open to KINE majors with a minimum 9.0 overall credits, a minimum 70% major average and a minimum 60% non-major average.

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#### HOW TO APPLY

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This application form must be fully completed by the student in conjunction with the supervising Faculty member, and submitted to the Department Office for the Chair's approval, **prior** to the student being given an override to register in this course.

Please return this form to the Department Office for processing as soon as possible after it has been completed.

Once approval has been granted, an override will be entered for the student, allowing the student to register for the course. The student must then register themselves through their Brock Portal in order to be officially enrolled and receive credit for the course.

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#### APPLICATION GUIDELINES

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- This course accommodates for a student's special academic interests in a topic/area of study in Physical Education and/or Kinesiology that may be met in part by doing more independent work under the direction of a Faculty member with an interest or specialty in the same area. Course content and work assigned for evaluation are determined individually between the student and the Faculty member.
  - All full-time Faculty members are available as potential Supervisors for Special Studies courses. For a list of Faculty members and their contact information please go to: [www.brocku.ca/applied-health-sciences/kinesiology/faculty-research/faculty-directory/](http://www.brocku.ca/applied-health-sciences/kinesiology/faculty-research/faculty-directory/)
  - A student who meets the admission requirements for this course (see *General Information* above) is responsible for approaching the Faculty member(s) he/she is interested in working with and discussing their interests.
  - The normal registration deadlines apply for enrolling in KINE 3P99, 4P99, 4F90 and 4F91 without financial or academic penalties. Accounting for holiday time in the summer as well as limits on how many individual students a Faculty member can reasonably supervise during an academic year, students should make arrangements for these courses well ahead of the term in which they wish to do the course. On a regular basis, KINE 4F91 is offered in D1, KINE 3P99 and 4P99 are offered in D2 and D3 in the Fall/Winter terms, as well as in the Spring/Summer terms, providing ample opportunity for students to plan ahead and discuss their interests with a Faculty member(s).
  - Ultimately, it is the Faculty member's decision whether to supervise an individual student. Upon their agreement and the completion of this form, a second approval is required by the Departmental Chair.
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This application form must be fully completed by the student in conjunction with the supervising Faculty member, and submitted to the Department Office for the Chair's approval **prior** to the student being given an override to register in this course. Please read and follow the guidelines on page 1 of this form.

## STUDENT INFORMATION

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Brock email: \_\_\_\_\_

## COURSE REGISTRATION INFORMATION

Name of Supervisor (Faculty member): \_\_\_\_\_  
Please circle the course that applies: KINE3P99 KINE4P99 KINE4Q91 KINE4F91  
Year: \_\_\_\_\_ Term: FW F W Spring Summer Duration: FW: D1, D2, D3 Spring/Summer: D1, D4  
Expected Date of Completion: \_\_\_\_\_

## SPECIAL STUDIES INFORMATION

Project Title: \_\_\_\_\_

Outline of Proposed Focus/Project as discussed and approved by Supervisor (attach additional pages if required):

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Assignments for Evaluation as discussed and approved by Supervisor:

*\*3 different means of evaluation required\**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair signature: \_\_\_\_\_ Date: \_\_\_\_\_