## APPLICATION FOR SPMA 3P99 Special Studies in Sport Management

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 name:	ID Number
Home phone:	Cell:
Email address:	Faculty Supervisor:
Please state the calendar year and spe for your registration in SPMA 3P99:	ecific term in which you and the faulty member have agreed upon
Year Term	(FW – D2 or D3; Spring D1; Summer D1)
Expected Date of Completion:	
Project Title:	
Outline of the proposed project (as disc	cussed & approved by supervisor) – attach page if required.
Assessm	ent % of Final Due Date Grade
1.	Grade
2.	
3.	
Student signature:	Date
Supervisor signature:	Date
Department Chair signature:	Date: