COACHING PRACTICUM REGISTRATION REQUEST

[Submission of this request does not guarantee approval]

A. I am requesting placement in the following coaching practicum course:

KIN 246 (*3) Fall ☐ Winter ☐ Fall/Winter ☐ Spring/Summer ☐
KIN 346 (*3) Fall ☐ Winter ☐ Fall/Winter ☐ Spring/Summer ☐
KIN 446 (*6) Fall ☐ Winter ☐ Fall/Winter ☐ Spring/Summer ☐

Registering in KIN 346 – pre-requisite of KIN 246 completed? Yes ☐ No ☐
Registering in KIN 446 – pre-requisite of KIN 346 completed? Yes ☐ No ☐

B. Comments:

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

Student
Signature: ___________________________ Date: ___________________________

You must meet with, and have the back of this form signed by, the Coaching Coordinator before submitting it to the Undergraduate Programs Office.

Protection of Privacy – The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of program administration by the Faculty of Physical Education and Recreation. Direct any questions about this collection to: UAlberta, Faculty of Physical Education & Recreation, FOIPP Advisor, Room 3-107, Van Vliet Complex, University Hall, Edmonton, AB 780-492-0720.
Coaching Coordinator’s Comments/Practicum Description:

___________________________________________________________________________
___________________________________________________________________________
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___________________________________________________________________________

Approved:  □ Yes  □ No

Reason for denial ____________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Coaching Coordinator’s Signature ___________________________  Date ________

Registered:  □ Yes  □ No  Student Advisor Signature: __________________________ Date ________

Comments: ___________________________________________________________________