STUDENT SERVICES OFFICE
UALBERTA, FACULTY OF PHYSICAL EDUCATION AND RECREATION
Room 3-134 Van Vliet Complex, University Hall, Edmonton, AB T6G 2H9
(t) 780-492-5604 (f) 780-492-6548

Name: _____ **ID#:** _____
(please print)

Degree Program: ☐ **BKin** ☐ **BKin/BEd** ☐ **BARST** ☐ **BSc KIN** ☐ **Other** _____

We will respond by e-mail to your UAlberta e-mail account: _____ **@ualberta.ca**

COURSE PLACEMENT REQUEST

[Submission of this request does not guarantee approval]

A. I am requesting placement in the following course(s): **[in order of preference, if applicable]**

Course Name (e.g. KIN 293): _____ _____ _____

Course Section (e.g. Lab D3): _____ _____ _____

Semester (e.g. Fall '09): _____ _____ _____

B. Rationale for this petition:

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C. Does this course have a prerequisite? If so, have you completed it?

_____ _____
Course Completion Date

(attach additional pages if necessary)

Signature: _____ **Date:** _____

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.

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FOR OFFICE USE ONLY

Student Advisor's Comments:

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Approved: ☐ Yes ☐ No

Reason for denial _____

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Associate Dean's Signature _____ Date _____