Name: ___________________________________________ ID#: __________________________

(please print)

Current Degree Program:  □ BSc Nutrition Major – Physical Activity Minor

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

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**EMERGENCY COURSE PLACEMENT REQUEST**

**BSc Nutrition and Food Sciences**
**Nutrition Major (Physical Activity Minor)**

[Submission of this request does not guarantee approval]

- Contact your advisor in your home faculty to request documentation attesting that this is the final required course in your program which does not conflict with a required (not optional) course
- Requests submitted without supporting documents will be denied

| A. Is this course **required** (not optional) in your program? | □ Yes □ No |
| B. Is this the only section that does not conflict with another **required** course? | □ Yes □ No |
| C. Did you attempt to register in this course as soon as you were eligible? | □ Yes □ No |
| If not, why not? ____________________________________________ | |
| D. Is this your **final** term in the program before graduation? | □ Yes □ No |

<table>
<thead>
<tr>
<th>Practicum/APT:</th>
<th>Expected Graduation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Fall 20___</td>
<td>□ Winter 20___</td>
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<tr>
<td>□ Spr/Sum 20___</td>
<td>□ June 20___</td>
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<tr>
<td>□ November 20___</td>
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</tbody>
</table>

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<tr>
<th>Term (e.g. Fall '09)</th>
<th>Course (e.g. KIN 293)</th>
<th>Section (e.g. Lab D3) (Circle selection)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. __________________</td>
<td>_________________</td>
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<tr>
<td>2. __________________</td>
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<tr>
<td>3. __________________</td>
<td>_________________</td>
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</tbody>
</table>

Additional Information (e.g. if approved, swap with this conflicting course): __________________________

________________________________________________________________                        ______________________________________________________________________________________

(attach additional pages if necessary)

I certify that the above information is correct and understand that if it is found to be incorrect my request may be denied.

Signature: ___________________________ Date: ___________________________

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**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.
FOR OFFICE USE ONLY

Course information

Enrolment: __________  Course Capacity: __________  Room Capacity: ________________

Instructor: ____________________________________  Room: _______________________

Student Advisor’s Comments: ____________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Approved: □ Yes □ No  Associate Dean’s Signature: ____________________________  Date ________

Reason for denial: __________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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

Comments: ______________________________________________________________________