Name: _______________________________  ID#: __________________________

(please print)

Current Degree Program:  ☐ BSc KIN  ☐ BKin  ☐ BKin/BEd  ☐ BARST

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

EMERGENCY COURSE PLACEMENT REQUEST

BScKin, BKin, BKin/BEd, BARST only

[Submission of this request does not guarantee approval]

DEADLINES:  Spring/Summer - April 30  Fall/Winter - August 13

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

Practicum/APT:  ☐ Fall 20___  ☐ Winter 20___  ☐ June 20___

☐ Spr/Sum 20___  ☐ November 20___

Expected Graduation:  ☐ Fall 20___  ☐ Winter 20___  ☐ June 20___

☐ Spr/Sum 20___  ☐ November 20___

Term (e.g. Fall ‘13)  Course (e.g. KIN 293)  Section (e.g. Lab D3)  (Circle selection)

1. ________________  ________________  ________________ AND/OR

2. ________________  ________________  ________________ AND/OR

3. ________________  ________________  ________________ AND/OR

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.

You must book an appointment with your advisor to submit this request

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.
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: ___________________________________________________________________________________________________________________________________________________