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

PROGRAM EXCEPTION REQUEST

Program Exception: □ Required core courses □ Required concentration core courses
□ Concentration option courses □ Activity requirements
□ Repeat course for third time

Exception Description: □ Replace ______________________ with ______________________

□ Add _________________________________ to the list of available options

□ Other ________________________________

Rationale: __________________________________________

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(attach additional pages if necessary)

Student’s Signature: ____________________________ Date: ______________

Associate Dean’s Signature: ____________________________ Date: ______________

APPROVED ___________ DENIED ___________

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.