

## School of Kinesiology

### Performance Analysis Course/Program Deviation Request Form

<b>Name:</b>	<b>Student #:</b>	<b>Program:</b>	
		IDKN	KINH
		PEDH	
<b>Date of Request:</b>	<b>Performance Courses Completed at:</b>		
<b>Course Name/Number</b> <i>(e.g. KPE 143)</i>	<b>UBC Equivalency</b> <i>(e.g. KIN 215A Badminton/Volleyball)</i>	<b>Transfer Credit Received</b>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>UBC Performance Analysis Pairing Requested Due to Previous Study</b>			
<b>Performance Areas</b> <i>(e.g. Badminton/Field Hockey)</i>		<b>Session</b> <i>(e.g. '11W)</i>	
<b>Student Signature:</b>		<b>Email:</b>	
<b>Date:</b>			