



The University of British Columbia
School of Kinesiology

KIN 499 CONTRACT FORM

Student Name:		Phone:		
Student Number:		E-Mail:		
Program:		IDKN	KINH	PEDH
499 Supervisor:				
Term Registration:	Term 1		Term 2	
Project Title:				
Human Subjects? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ethics Approval Number:			
Expected Completion Date:				

<p>Evaluation: Please include how the student's work will be evaluated and the final course grade calculated.</p>
<p>Proposal:</p>

Student's Signature:	
499 Supervisor's Signature:	
Associate Director's Signature:	

Note: This fully completed form must be submitted to the Undergraduate Advising Centre, Room 202, War Memorial Gym for approval.