Notes:

• Use

SanJoséStateUniversity; KinesiologyDepartment On-CampusKIN 180Independent StudyEnrollment Form

Class Code: F	Permission Code:			
KIN Undergraduat€oordinatorSig	nature	Date	_	
KIN FacultyIndependen \$ tudySup	erviso/Signature	Date		
			_	
StudentSignature		Date	_	
How independenstudywill beeval	uated <u>:</u>			
Brief descriptionof independenstud	dy:			
Your KIN independenstudysuperv	visor'sname:			
Your KIN specializationarea:				
Your studentID:				
Your phone#:				
Youremail:				
Yourname:				
#Units Planned?	GPA at least2.0?	res 🗌 N	No	
Pleaseprint clearly or type information	ion:			