McMaster University

Department of Kinesiology
Faculty of Science

Kinesiology 4EE3
Placement Approval Form

☐ FALL (TERM 1) ☐ WINTER (TERM 2)

Student Information

Name: _____ Student #: _____

Email Address: _____

Signature: _____ Date: _____

Supervisor Information

Name: _____ Title: _____

Email Address: _____ Telephone No.: _____

Signature: _____ Date: _____

Placement Information

Setting Type:

☐ Sports Team ☐ Hospital ☐ Clinic ☐ Organization ☐ Other

Specific Site: (Please specify the sports team, or hospital/clinic/organization title)

_____

Site Mailing Address:

_____ _____
No. Street

_____ _____
City Postal Code

Placement Start Date: First day of classes End date: _____

Placement Description

Student title/role: (i.e. Student Field Therapist) _____

Responsibilities/duties of student:

_____

_____

Proposed hours (i.e. Wed/Fri 2-4PM): _____

NOTICE

If placement is occurring off-campus, please ensure that the following forms are submitted along with your Placement Approval Form.

1. Letter to Placement Employers
2. Student Declaration of Understanding

For Faculty of Kinesiology Administration Use ONLY

Permission to enrol: ☐ YES ☐ NO Location: ☐ ON-CAMPUS ☐ OFF-CAMPUS

Date received: _____