KINESIOL 3RP3: Kinesiology Research Practicum
Enrollment Application

Students wishing to complete KINESIOL 3RP3 must seek the support of an Academic Supervisor from the Department of Kinesiology. This is a limited enrollment course based on the available positions with Kinesiology Academic Supervisors. Students must submit their completed form to the Undergraduate Studies, Academic Program Advisor via email to kinug@mcmaster.ca or in IWC 219C, 30-days prior to the start of the term and must enroll prior to the first day of class.

I wish to be considered for permission to enroll in KINESIOL 3RP3 for:

- Fall Term
- Winter Term
- Spring Term

Academic year: __________

STEP 1. Student completes this section

I concur with and accept the academic and work assignments indicated in the associated learning contract. I agree to complete all work assignments promptly and to the best of my ability. I agree to familiarize myself with and to adhere to the relevant organizational policies and procedures including those related to health and safety and the appropriate standards of ethical conduct. Further, I understand that I will seek workplace safety training prior to the placement commencing.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student ID No.:</th>
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<tr>
<td>McMaster Email:</td>
<td>Telephone No.:</td>
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Student’s Signature: ___________________________ Date: ___________________________

STEP 2. Supervisor Information (Academic Supervisor completes this section)

I have discussed and negotiated with the student the academic component and evaluation as indicated in the learning contract (course outline). I concur with the stipulations of this agreement. I further agree to be available to meet with the student to discuss the placement experience and academic component associated with it.

| Supervisor Name: | Email: |

Supervisor’s Signature: ___________________________ Date: ___________________________

Are you planning an extended absence during the student’s time under your supervision? Yes ☐ No ☐

If yes, please detail how the student will be supervised in your absence:

________________________________________
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The information gathered on this form is collected under the authority of The McMaster University Act, 1976. The information is used for the academic, administrative, and statistical purposes of the Department of Kinesiology including, but not limited to, maintaining records; academic counselling and the administration of examinations. Personal student information provided on this form will not be used for any unrelated purpose without the consent of the student. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Associate Chair, Undergraduate, Department of Kinesiology.