Kinesiology - Individual Activity Program Studies (KIN 80)

Course description:

1-3 units

Through engagement in projects, assistance with teaching, and/or independent study related to a class in the Kinesiology physical activity program, further develop sport/fitness skills and knowledge. Repeatable for a total of 3 units.

Prerequisite(s): GPA overall of 2.0 and instructor consent

Grading: Credit/No Credit

Notes:

- Use this registration form for Individual Activity Program Studies (KIN 80) coursework.
- Minimum Requirements: (including conducting projects /activities related to the class, participating in class activities, and assisting the instructor) per 1 unit of academic credit and a completed project report as assigned by the instructor
- You must complete the activity program studies during the semester in which you are registered, and it cannot be extended outside that time.
- Grading is credit (CR) or no Credit (NC) and will be determined based on requirements specified by your Kinesiology activity program study supervisor.

Complete and turn in your activity program studies enrollment forms

- Complete the enrollment form in consultation with your KIN activity program studies faculty supervisor.
- When forms are complete, email/DocuSign as a PDF, to the Kinesiology staff (Ms. Victoria Duval <u>victoria.duval@sjsu.edu</u>). The KIN staff will review and then forward forms to the Kinesiology Activity Coordinator. Upon approval, a KIN staff will contact you with add code information.

San José State University; Kinesiology Department KIN 80 Individla Activity Program Studies Enrollment Form

| Last Name | First | | Student ID# | |
|---|-------------------------|---------------|--|----------|
| Street Address | | | Major Emphasis | |
| City | State | Zip | Phone | |
| Email Address | | | | |
| Name of Person to Contact in an Emergency | | | Emergency Contact Phone # | |
| Relationship of Emer | gency Contact to Stud | lent | | |
| Yes No - I h | ave previously taken t | the activity | class that I now wish to register for throug | h KIN 80 |
| Name of Activity cour | rse particip | pating in (se | emester): | |
| Yes No - I h | ave previously taken | KIN 80 | | |
| KIN 80 course par | ticipating in (semester | r): | Name of instructor: | |
| KIN 80 course par | ticipating in (semester | r): | Name of instructor: | |
| Brief description of in | dividual activity prog | gram study | 7: | |
| | | | | |
| | | | | |
| How individual activ | rity program study wi | ll be evalua | ated: | |
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| NOTE: A KIN 80 class does NOT qualify for, and may NOT | be used for, fulfillment of a PE requirement at SJSU. |
|---|--|
| Student Signature: class plan and have received the approval from my KIN the requirements. | I acknowledge that I have organized this 80 instructor, and I am aware of, and agree to, |
| KIN Faculty Individual Activity Program Studies | |
| Comments: | |
| | |
| | |
| | |
| KIN Faculty Activity Program Studies Signature | Date |
| Request Approved | |
| Request Denied | |
| KIN Physical Activity Program Coordinator | |
| Comments: | |
| | |
| | |
| | |
| KIN Activity Coordinator Signature | Date |
| Request Approved | |
| Request Denied | |