KINESIOLOGY DEPARTMENT IS/Practicum FORM

Use this Form for: Ind. Study, TA positions, Peer Advising, Practicums

* Please complete **ENTIRE** form.
* This **form** is used for **Independent Study, Teaching Assistants, Peer Advising and Practicums**
* Instructors' signature will be **required** for processing.

Completed forms can be submitted to the KIN **Main Office (110 Totman**) for processing.

Date: _____ **Semester & Year of Course**: _____
(e.g. Spring 2019)

Name: _____ **8-Digit SPIRE ID**: _____

Email: _____@umass.edu **Primary Major**: _____

IS/Practicum Information

☐ Ind. Study ☐ Teaching Assistant ☐ Peer Advisor ☐ Practicum

Course Number: KIN _____ SPIRE No. _____ Credits: _____
(e.g. 100) (5 digit ID) (e.g. 3.00)

Supervisor (Faculty/Staff): _____

Brief Explanation of Duties/Project/Practicum: _____

_____

_____

_____

_____

_____

_____

_____

Is this a repeated course/position? ☐ Yes ☐ No

Do you have set hours for this position? ☐ Yes ☐ No If, yes, how many hours per week? __

Are you being letter graded? ☐ Yes ☐ No or ☐ no,Pass/Fail

*KIN Policy: Undergraduate teaching assistants and peer advisors receive 3 course credits (can be used toward fulfilling up for the semester's work. Only one semester of TA/PeerAdvising can be used as graded credits (other credits can be pass/fail)

_____ _____

Student signature Date

_____ _____

Faculty signature Date

MainOffice: Date: _____ Grade Basis: ☐ Processed by: _____