The University of British Columbia
School of Human Kinetics

HKIN 499 CONTRACT FORM

Student Name:				Phone:			
Student Number:				E-Mail:			
Program:	EXSC	HEFI	LESM	PHED	IDHK	KINH	PEDH
499 Supervisor:							
Term Registration:	Term 1			Term 2			
Project Title:							
Area of Emphasis:							
Expected Completion Date:							

Proposal:

Student's Signature:	
499 Supervisor's Signature:	
Faculty Advisor's Signature:	

Note: *This fully completed form must be submitted to the Undergraduate Advising Centre, Room 202, War Memorial Gym for approval.*