Application to Enroll in Variable-Credit Courses
Department of Kinesiology
Michigan State University

Complete one form for each variable-credit course in which you enroll. Take the completed form to the Department of Kinesiology offices in 134 IM Sports Circle.

**Student Information**

Name _______________________________________________  PID _________________________
(last, first, middle initial)
Level:  FR    SO    JR    SR    GR  Major _______________  Cumulative GPA _______________
Phone ( ________ )________________________  Email ________________________________
Number of credits in other variable-credit courses this semester _____  credits
Total number of prior variable-credit credits _____  credits
Are you currently an MSU varsity athlete?  Yes    No

**Course Information**

Section ________  Credits ______  Semester:  FS    SS    US  Year _______
[ ] KIN 427 – Clinical Rotations in Athletic Training
[ ] KIN 490 – Independent Study
[ ] KIN 890 – Independent Study in Kinesiology
[ ] KIN 990 – Independent Study in Kinesiology
[ ] KIN 494 – Fieldwork
[ ] KIN 894 – Field Experiences in Kinesiology
[ ] KIN 493 – Internship
[ ] KIN 466 – Practicum in Adapted Physical Activity
[ ] KIN 867 – Practicum in Adapted Physical Activity
[ ] KIN 893 – Internship in Kinesiology
[ ] KIN 897 – Project in Kinesiology
[ ] KIN 899 – Master’s Thesis Research
[ ] KIN 995 – Research Practicum in Kinesiology
[ ] KIN 999 – Doctoral Dissertation Research

Consult with undergrad AT advisor
Also complete the Application for Independent Study available under the Academics menu (courses/variable-credit courses)
Additional information posted on the KIN web site under the Academics menu (courses/variable-credit courses)
Consult your academic advisor before enrolling in these courses. Also review the policies posted on the KIN web site under the Bylaws/Policies menu.

**Sign-Offs**

Student ___________________________________________ Date ___________________________
Instructor __________________________________________ Date ___________________________
Academic Advisor ___________________________________ Date ___________________________
Department Chairperson _____________________________ Date ___________________________

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