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FACULTY OF PHYSICAL  
EDUCATION & RECREATION  
UNIVERSITY OF ALBERTA

**APPENDIX H**

**NOTICE OF COMPLETION OF CAPPING EXERCISE (PERLS 900)**

Student Last Name:	First and Middle Name(s):	UofA Student ID:
Degree: <input type="checkbox"/> MA (Cr�) <input type="checkbox"/> MCoach	Specialization/Study Field:	

**Title of Capping Exercise:** \_\_\_\_\_  
\_\_\_\_\_

We, the undersigned hereby provide notice that \_\_\_\_\_ successfully completed the requirements of the capping exercise in the Faculty of Physical Education and Recreation as set out by his/her academic advisor.

\_\_\_\_\_  
Name of Student Supervisor (printed)

\_\_\_\_\_  
Signature (digital or handwritten)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Second Reader (printed)

\_\_\_\_\_  
Signature (digital or handwritten)

\_\_\_\_\_  
Date

**Submit completed form to the Graduate Programs Administrator**

**Forward a copy (electronic) of the completed Capping Exercise to the Graduate Programs Office.**

**Protection of Privacy** - Personal information on this form is collected under the authority of Section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Students' personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and to contracted or public health care providers as required. For details on the use and disclosure of this information see [www.ipo.ualberta.ca](http://www.ipo.ualberta.ca).