



THE UNIVERSITY OF
WINNIPEG

Declaration of Major Faculty of Kinesiology

2012-2013

Please Print

Student # _____

Surname: _____

Given Name(s): _____

Major Program: **Kinesiology**

Degree: 3 yr BA 4 yr BA 4 yr BSc.

Stream: General
 Education
 Sport Coaching
 Exercise Science
 Athletic Therapy

Department Contact:

David Telles Langdon **ph: 204.786.9248**

Note:

It is the student's responsibility to meet Degree and Program requirements.

Students are strongly advised to consult the University Course Calendar and the Department Chair.

THIS FORM IS REQUIRED for the declaration of majors in the 3yr and 4 yr Bachelor of Arts Programs and the 4yr Bachelor of Science Program.

Please return the completed form with signature from the department to **STUDENT CENTRAL**.

Student Signature: _____

Department Signature: _____

Date: _____