



THE UNIVERSITY OF
WINNIPEG

Declaration of Major

Gupta Faculty of Kinesiology & Applied Health

Department of Kinesiology and Applied Health

Academic Calendar Year: _____

Please Print:

Student # _____

Last Name: _____

First Name: _____

Major Program: **Kinesiology & Applied Health**

Please check off one of the following:

Degree:

- 3 yr Bachelor of Physical and Health Education**
- 4 yr Bachelor of Kinesiology**
- 4 yr Bachelor of Kinesiology - Sport Coaching**
- 4 year Bachelor of Science - Exercise Science**

Department Contact:

Department Assistant

Phone: 204.786.9024

kinesiology@uwinnipeg.ca

Note:

It is the student's responsibility to meet degree and program requirements.

Students are strongly advised to consult the University

Academic Calendar which can be found at

<https://www.uwinnipeg.ca/academics/calendar/index.html>

THIS FORM IS REQUIRED for the declaration of the 3 yr Bachelor of Physical and Health Education, 4 year Bachelor of Kinesiology, and 4 year Bachelor of Science (Exercise Science).

Please return the completed form with signature from the department to **STUDENT CENTRAL** located on the main floor of the Rice Building

Student Signature: _____

Date: _____

Department Signature: _____