



THE UNIVERSITY OF
WINNIPEG

Declaration of Major

Gupta Faculty of Kinesiology & Applied Health

Department of Kinesiology and Applied Health

2015-2016

Please Print:

Student # _____

Last Name: _____

First Name: _____

Major Program: **Kinesiology & Applied Health**

Please check off one of the following:

- Degree: 3 yr BPHE
 4 yr BKin (General)
 4 yr BKin (Sport Coaching)
 4 year BSc (Exercise Science)
 4 yr BSc (Athletic Therapy)

Department Contact:

Meaghan Michaluk
Department Assistant
Phone: 204.786.9024

Note:

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

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

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

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

Student Signature: _____

Department Signature: _____

Date: _____