



THE UNIVERSITY OF
WINNIPEG

Declaration of Major

Gupta Faculty of Kinesiology & Applied Health

Department of Kinesiology and Applied Health

Please Print:

Student # _____

Academic Calendar Year: _____

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

Bachelor of Kinesiology Honours

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 Kinesiology

Honours Degree.

Department Signature

for Honours Approval: _____

Date: _____

Student Signature: _____

Please return the completed form with signature

from the department to **STUDENT CENTRAL**

located on the main floor of the Rice Building

Department Signature: _____

Date: _____