



*Division of Kinesiology
The University of Michigan*

**Independent Study/Research Rotation Contract
(KIN 519, 682, 684, 685 and as required by Instructor)**

Student: _____ **Date:** _____

Course Number: _____ **Section:** _____ **Credit Hours:** _____

Description: _____

Description of the outcome and evaluation measures: _____

Student Signature

Professor Signature

Kinesiology
Faculty Advisor _____ **Date** _____