



PHYSICAL EDUCATION WAIVER REQUEST
Classes of 2017-2020

p

_D

I attest to the participation of the above named student for the number of hours shown.

Coach/Instructor Name Printed

Signature

Note: 80 hours of organized activity required for 1.5 credit. You may request up to 1.5 credits waived (24 hours).

Name/type of activity: _____

Dates: _____

Total # of Hours: _____