



PHYSICAL EDUCATION WAIVER REQUEST  
Classes of 2017-2020

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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: \_\_\_\_\_