



PHYSICAL EDUCATION HOUR VERIFICATION FORM
(Please return to Gayle Pearl or Kelly Rettenmier)

STUDENT NAME _____ DATE _____

NAME OF ORGANIZATION _____

ORGANIZATION ACCREDITED THROUGH _____

THIS FORM SHOULD BE TURNED IN AT THE END OF THE SEASON AND
INCLUDE A LOG (SEE REVERSE) OF HOURS FOR THE SEASON.

Total number of hours _____

Signature of person supervising activities

Phone number

Supervisor's email

Student signature

Approval granted:

Number of credits granted _____
(minimum requirement for 1 credit is 40 hours)

Date

Head of Physical Education Department

Registrar