



1201 E Union  
SEATTLE, WA 98122  
206-323-6600

**PHYSICAL EDUCATION HOURS VERIFICATION FORM**  
**(Please return to Kelly Rettenmier or Alexis Peterson)**

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

ORGANIZATION ACCREDITED THROUGH \_\_\_\_\_

THIS FORM SHOULD BE TURNED IN AT THE END OF THE SEASON WITH A TIME LOG OF HOURS FOR THE SEASON.

Total number of hours completed \_\_\_\_\_

\_\_\_\_\_  
Printed name of supervisor

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisor's Email

\_\_\_\_\_  
Supervisor's Phone Number

\_\_\_\_\_  
Student Signature

Registrar Office Use:

|  |                        |             |
|--|------------------------|-------------|
| Number of Credits Granted: _____                 | Emailed Student: _____ | Date: _____ |
| Credit Entered on Student Academic Record: _____ |                        |             |
| Registrar's Office Signature: _____              |                        |             |