

OFF-CAMPUS PHYSICAL EDUCATION PROGRAM  
APPLICATION APPROVAL FORM

SCHOOL YEAR \_\_\_\_\_

APPLICANT: \_\_\_\_\_  
Student's Name Student's ID #

SCHOOL: \_\_\_\_\_

OFF-CAMPUS AGENCY: \_\_\_\_\_

INSTRUCTOR PHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

After careful review, the request for application in the Off-Campus Physical Education Program has been:

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

\_\_\_\_\_ Category I

\_\_\_\_\_ Category II

\_\_\_\_\_ Fall Semester

\_\_\_\_\_ Spring Semester

\_\_\_\_\_ Both Semesters

\_\_\_\_\_  
Off-Campus Coordinator

\_\_\_\_\_  
Date