

## Waiver Request for P.E. Elective

Date: \_\_\_\_\_

Student-Athlete's Name: \_\_\_\_\_

is requesting an exemption from the required Physical Education elective. If approved, an exemption code (EX) will appear on the student's transcript.

### Verification of Participation:

This student is eligible for the P.E. elective exemption due to his/her successful completion of a FULL season in *(complete all that apply)*:

Varsity (Sport) \_\_\_\_\_ School Year \_\_\_\_\_

JV (Sport) \_\_\_\_\_ School Year \_\_\_\_\_

Freshman (Sport) \_\_\_\_\_ School Year \_\_\_\_\_

### Authorizing Signatures:

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_