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STUDENT INFORMATION:

Student Name: _____ Union ID#: _____

Term: Fall 20 _____ Spring 20 _____

☐ Basketball (Men)

☐ Gymnastics

☐ Basketball (Women)

☐ Soccer

☐ Golf

☐ Volleyball

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CLASS CREDIT REQUEST:

_____ I **DO** want to receive class credit for this term.
I understand that this credit may put me over the maximum limit of 17 credits and result in additional fees.

_____ I **DO NOT** want to receive class credit for this term.
I understand that I will receive no credit for my participation in this sport this term. Credit will not be retroactively assigned.

Form must be received prior to add/drop deadline. Any form received after the add/drop deadline will result in NO CREDIT for varsity sports participation.

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SIGNATURES:

Student Print: _____ Signature: _____ Date: _____

Coach Print: _____ Signature: _____ Date: _____

Athletic Dir. Print: _____ Signature: _____ Date: _____

Records Office Print: _____ Signature: _____ Date: _____

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Records Only:

Completed By: _____ Date: _____