



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

PHYSICAL EDUCATION HOURS VERIFICATION FORM
(Please return to Kelly Rettenmier or Marie So)

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 (SEE BACK)

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 hrs)

Date

Head of Physical Education Department

Registrar