



SEATTLE ACADEMY

OF ARTS AND SCIENCES

SEATTLE, WA 98122

206-323-6600

PHYSICAL EDUCATION HOUR VERIFICATION FORM (Please return to Gayle Pearl or Kelly Rettenmier)

STUDENT NAME _____ DATE _____

NAME OF ORGANIZATION _____

ORGANIZATION ACCREDITED THROUGH _____

THIS FORM SHOULD BE TURNED IN AT THE END OF THE SEASON AND INCLUDE A LOG
(SEE REVERSE) OF HOURS FOR THE SEASON.

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 hours) Date _____

Head of Physical Education Department

Registrar