

Competition Team Course Credit

Please complete and return this form to the Student Records Administrator.

receive credit hour(s) of credit for their participation by completing hours course equivalent work in (competition team name) Signature of Advisor/Coach Date Date would like to have the credit hour(s) applied to (name of student) (#)	I certify that(nan	ne of student)	has met the requirements to	
(competition team name) Signature of Advisor/Coach Date I would like to have the credit hour(s) applied to (mame of student)		credit for their participat	tion by completing_	hours of
Signature of Advisor/Coach Date I would like to have the credit hour(s) applied to (name of student)	course equivalent work in			
I would like to have the credit hour(s) applied to (name of student) (#)	(competition te	am name)	·	
(name of student) (#)	Signature of Advi	sor/Coach		 Date
(Semester & Year)		would like to have the	` ,	applied to
	(Semester & Year)	·		
I acknowledge tuition will be charged for these hours.	I acknowledge tuition will be	charged for these hours.		
Signature of Student Date			_	