



Competition Team Course Credit

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

I certify that _____ has met the requirements to
(name of student)

receive ____ credit hour(s) of credit for their participation by completing _____ hours of
(#)

course equivalent work in

(competition team name)

Signature of Advisor/Coach

Date

I _____ would like to have the ____ credit hour(s) applied to
(name of student) (#)

(Semester & Year)

I acknowledge tuition will be charged for these hours.

Signature of Student

Date