



TEXAS TECH UNIVERSITY

College of Outreach & Distance Education

2009-2010 PHYSICAL EDUCATION EQUIVALENT APPLICATION



Fax information to:
806.742.7288



Mail information to:
Texas Tech University
Outreach & Distance Education
Attn: TTUISD
Box 42191
Lubbock, Texas 79409-2191



Online:
www.depts.ttu.edu/ode/handbook/

STUDENT INFORMATION

Date _____ Student SS# _____

Student Name _____

Address _____ City _____ State _____ Zip _____

The applicant understands the he/she is required to spend five hours per week for 18 weeks or 90 hours in not less than 9 weeks participating in the approved program, after the application is approved. A fee of \$99 is required for each one-semester course.

What will be the activity? _____

Where and when will the instruction take place? _____

We are applying for one semester _____, two semesters _____. Check one or the other. \$99 per semester. If you request two semesters, be sure the dates that follow reflect the correct time.

Dates of instruction. Beginning month _____ day _____ year _____.

Ending month _____ day _____ year _____.

MAY NOT BE RETROACTIVE

Instructor's name _____

Address _____ City _____ State _____ Zip _____

Instructor's Signature _____

Form of payment must be with the application

Check _____ Money order _____ Visa _____ Mastercard _____ Discover _____ Am Exp _____

Card # _____ Exp date _____

Signature of card holder _____

FOR TTUISD USE ONLY

Application Approved _____ Denied _____ Date _____

Signature _____