



TEXAS TECH UNIVERSITY

College of Outreach & Distance Education

2009-2010 PHYSICAL EDUCATION EQUIVALENT REQUEST FOR CREDIT



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 _____

TO BE COMPLETED BY THE STUDENT AND PARENT OF THE STUDENT

I certify that _____ participated in _____

For five hours per week or eighteen weeks of 90 hours in not less than nine weeks form (dates) _____ to _____.

Student's signature _____

Parent's signature _____

TO BE COMPLETED BY THE INSTRUCTOR

I Certify that the above statement signed by the student and parent is true. It is my decision that the student
Pass ___ Fail ___ the course.

Instructor's signature _____

TO BE COMPLETED BY A NOTARY PUBLIC

These statements were affirmed and the form signed before me on this date _____.

Notary's signature _____

Seal

FOR TTUISD USE ONLY

APPROVED _____ DENIED _____ DATE _____

SIGNATURE _____