



**PHYSICAL EDUCATION FLEX CREDIT**  
**Grades 9-12**

Today's Date:  
Athletic/Band Director/Coach:  
Counselor:

**REQUEST FOR PHYSICAL EDUCATION CREDIT** *(Complete all sections.)*

Student Name:		Current Grade:	
School:		Anticipated year of graduation:	
Name of Parent/Guardian:		Date of Birth:	
Email Address:		Home Phone:	

**MODIFICATION REQUEST - Physical Education – 0.25 credit**

<input type="checkbox"/> UCS Sport _____ <input type="checkbox"/> UCS Marching Band	Season of Participation

Please check the following items to indicate you are aware of these provisions:

- I understand that I receive credit instead of a letter grade.
- I understand I need to complete two years of UCS marching band OR participate in **two** complete UCS MHSAA identified athletic seasons (fall, winter or spring) to waive a .5 credit of Physical Education.
- I understand I can only apply one UCS sport or Marching Band per season toward this credit.

**SIGNATURES**

<b>Athletic Coach:</b>		Date:	
<b>Athletic Director</b>		Date:	
<b>Band Director</b>		Date:	
<b>Administrator</b>		Date:	
<b>Parent/Guardian:</b>		Date:	
<b>Student:</b>		Date:	

Turn this form into your counselor upon completion of the season.

This form should be retained in the student's permanent educational file.