San José State
UNIVERSITY

Physical Education Requirement

INSTRUCTIONS:

1. **Only for undergraduate students who have been formally admitted to and enrolled at SJSU for at least one semester. If you have extenuating circumstances that interfere with your ability to complete the 2-unit physical education requirement, you may apply for a waiver of one or both units. Physical disability and health do not automatically justify a waiver, as there are many alternative courses that meet the requirement. There is also a procedure whereby you may challenge one or more units of the requirement by demonstrating a variety of competencies. Consult with the Activities Coordinator, Department of Kinesiology.**
2. **Completely fill out this form. Requests will NOT be accepted if any attachments or signatures are missing.**
3. **Attach a statement explaining your request (please specify one or two courses) and why you are making it, including extenuating circumstances that have prevented completion of requirement with approved courses or challenge exams.**
4. **Attach ALL required documentation. For health or disability reasons, a detailed description from your doctor on exactly how your health problem is related to participation in physical activity classes is required. The letter should be on your doctor's stationary.**
5. **Turn your petition into the Department of Kinesiology, along with a self-addressed, stamped envelope.**
6. **The Kinesiology Department will return the petition to the Undergraduate Studies Office that will mail a copy, without attachments, to the student.**

SJSU Student ID Number _____

Name _____ **Date** _____

Complete Address _____

Email _____ **Daytime Phone** _____

Major _____ **Major Advisor** _____

Student Signature _____ **Date Entered SJSU** _____

REQUIRED ATTACHMENTS (photocopies are acceptable)

- θ **Complete transcripts (not including SJSU after Spring 1991)**
- θ **Statement explaining your request and why you are making it, including extenuating circumstances that prevented completion of requirement with approved courses or challenge exams.**
- θ **PeopleSoft Degree Progress Report**
- θ **Graduation Worksheet (if appropriate)**
- θ **Recommendation from doctors or therapists (see #4 above)**
- θ **PE challenge test results**
- θ **Catalog descriptions of program/courses, including application to GE**

FINAL DECISION

θ **Approved** θ **Denied** θ **Other**

Comments:

_____

Activities Coordinator, Kinesiology **Date**

FOR OFFICE USE ONLY: Original : records Copy: student

_____ **PeopleSoft Comments (must be initialed)** **1/07**