



INTERCOLLEGIATE ATHLETICS PROGRAM  
COMMITMENT VERIFICATION FORM



TO: ACADEMIC COUNSELLOR (Home Faculty):

Please be advised that \_\_\_\_\_ student # \_\_\_\_\_, a member of the \_\_\_\_\_ team has an intercollegiate athletic program commitment that conflicts directly with the following:

	COURSE (i.e. Psychology 1000)	EXAM/CLASS/LAB (list which)	DATE	TIME
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Your cooperation in applying some flexibility in permitting this student athlete to meet his/her athletic program commitment is appreciated. The student athletes have been notified that these requests are to be in your hands **at least one week prior** to the conflict. If this form has been given to you **less than a week before** the exam, the Program of Intercollegiate Athletics will understand if you are not sympathetic. This form should contain the signature of the Director of Sport **OR** one of the two coordinators as well as the coach. Thank you for your consideration of this request.

\_\_\_\_\_  
Coach  
- E-mail \_\_\_\_\_  
- Phone \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stephanie White  
Director, Sport  
661-2111 ext. 86716  
[swhit73@uwo.ca](mailto:swhit73@uwo.ca)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Beth Emery  
Coordinator, Varsity & Recreation Clubs  
661-2111 ext. 88349  
[bemery2@uwo.ca](mailto:bemery2@uwo.ca)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bonnie Cooper  
Coordinator, Athlete Services  
661-2111 ext. 85003  
[bcooper@uwo.ca](mailto:bcooper@uwo.ca)

\_\_\_\_\_  
Date