



**INTERCOLLEGIATE ATHLETICS PROGRAM
COMMITMENT VERIFICATION FORM**



TO WHOM IT MAY CONCERN:

Please be advised that _____ student # _____, a member of the _____ team has an intercollegiate athletic program commitment that conflicts directly with his/her _____ examination scheduled for _____. Your cooperation in applying some flexibility in permitting this student-athlete to meet his/her athletic program commitment is appreciated. The 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 Manager of Athletics **or** one of the two coordinators as well as the coach. Thank you for your consideration of this request.

Coach
- E-mail _____
- Phone _____

Date

Chuck Mathies
Manager, Athletics
661-2111 ext. 86716
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Date

Beth Emery
Coordinator, Varsity Clubs
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Date

Bonnie Cooper
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Date