PVPA PHYSICAL EDUCATION ALTERNATE CREDIT LOG

COMPLETED ACTIVITY LOGS WITH SUPERVISOR SIGNATURES ARE DUE NO LATER THAN THE FINAL DAY OF THE SEMESTER TO EARN CREDIT.

Student Name: _____ **PE Activity:** _____

Supervisor Name: _____ ***(Signature required when complete)***

Date	# Hours	Activity Description

TOTAL HOURS _____
(Min. 32 hours)

By signing below, I confirm that this activity occurred.

_____

Supervisor **Date**