

Western Carolina University

Health and Physical Education Professional Preparation Program

100 Reid Gym

Cullowhee, NC 28723

Professional Involvement Verification Form

Name:

Date(s) of activity:

Time(s) for activity:

Description of Activity:

Category of Professional Involvement Activity

(circle one):

I

II

III

IV

These numbers correspond to the charts found on the Professional Involvement activities handout found in your advising folder.

Sponsor Name:

Sponsor Signature:

Date:

Phone/email:

Points will NOT be awarded without a phone number for verification.

TotalPoints: _____

Statement of Attestation: I agree that the information reported on this form is true and accurate. I recognize that any misleading information on this constitutes Academic Dishonesty and may lead to removal from the program.

Student Signature: _____