**INSTRUCTIONS:**

This form must be completed and submitted to the course instructor before permission can be given for the HPX 177 Student Independent Activity.

Process:

1. Student emails the HPX 177 instructor about enrolling in the Student Independent Activity.
2. The HPX 177 instructor emails this form to the student. Receiving this form does NOT mean you are enrolled in the course.
3. Requests will be reviewed on a “first-come-first-served” basis. The request will be “time-stamped” with the date the email was received. It is important to **email** a completed request as soon as possible.
4. **Save this attachment to your computer. Open the document and type the information in the required fields. Save the document again and then attach it as a Microsoft office Word document to an email to send back to the instructor.**
5. Upon receipt of the form the HPX 177 instructor reviews the chosen activity and reviews all course requirements.
6. When all is satisfactory, the student is given permission electronically through INB. The student will be notified by email and will be able to register through banner.

COURSE POLICIES:

* The most common ways people accumulate the 30 hours are through taking fitness classes at an outside gym or by working out at a gym and having a wellness coach/trainer who works there sign off on their hours.
* We have also had a couple students ask if they can work out on campus and have the students who work in the gyms sign off- and that's a "**NO**".
* If you are an off season varsity athlete (in season doesn't count) and you work out under the supervision of your varsity coach then that would count, but otherwise it's all off campus.
* The instructor will be contacting the person who is signing off on your hours half-way through the semester, and at the end of the semester. It is your responsibility to make sure that the individual you choose as your “trainer” understands that he/she will be contacted.
* STUDENTS WHO NEED TO MEET THE GENERAL EDUCATION REQUIREMENT HAVE PRIORITY FOR THIS SECTION. If you are looking for a 1-credit FREE elective you are NOT likely to get into this section.
* Unless there are documented extenuating circumstances, NO incomplete or withdrawal grades will be given for this course. If you decide to drop the class you will NOT be able to switch to another activity. You will need to drop the lecture and retake both the activity and lecture at another time.
* In order to pass this course you MUST: engage in the online course, submit completed course requirements, have a validated trainer, AND have validated activity participation. STUDENTS WHO FAIL or DROP THIS COURSE WILL NOT BE ALLOWED TO ENROLL IN THE STUDENT INDEPENDENT ACTIVITY A SECOND TIME.

**NOTE: You will also need to add a lecture to go with this activity and will ONLY be able to add the HPX 177 (two classes) once permission has been granted.**

**STUDENT COMPLETES THIS SECTION:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | |  | | | | | | | |
| **Student ID:** | |  | | | | | | | |
|  | | | | | | | | | |
| **Description of how you plan to accumulate 30 hours of activity.** | | |  | | | | | | |
|  | | | | | | | | | |
| **Certified/ Licensed Fitness Professional Information** | | | **Name:** | | | | | | |
| **Certification/License Type:** | | | | | | |
| **Phone Number:** | | | | | | |
| **Email address:** | | | | | | |
| **Facility Information** | | | **Facility Name:** | | | | | | |
| **Facility Address:** | | | | | | |
| **Facility Phone Number:** | | | | | | |
|  | | | | | | | | | |
| **Course Enrollment Information** | | | | | | | | | |
| **Year** | **Semester** | | | | | | | | |
| **20\_\_\_\_** | **\_\_ Fall \_\_ Winter \_\_ Spring \_\_ Summer I \_\_ Summer II \_\_ Summer III** | | | | | | | | |
| **Student Independent Activity** | | | | **CRN** |  | **SECTION** |  | **INSTRUCTOR** |  |
| **\_\_ Lecture OR** | | | | **CRN** |  | **SECTION** |  | **INSTRUCTOR** |  |
| **\_\_ Challenge Exam** | | | | **Contact Dr. Emily Stevens (**[**stevense@wcsu.edu**](mailto:stevense@wcsu.edu)**) for exam guidelines.** | | | | | |
|  | | | |  | | | | | |
| **\_\_\_ Initialing this box indicates that you have read and understand the course policies and agree to abide by the terms presented.** | | | | | | | | | |

**INSTRUCTOR COMPLETES THIS SECTION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Permission Granted** | **\_\_ YES \_\_ NO** |  | |
|  |  | *Instructor Signature* | *Date* |