



Office of the Registrar  
640 Bay Road, Queensbury, NY 12804

**REQUEST FOR ADAPTIVE PHYSICAL EDUCATION**

Student Name: \_\_\_\_\_ Banner Student ID#: \_\_\_\_\_

I request enrollment in PED 176, Designs of Living Well, to meet the Health and Wellness degree requirement due to medical/physical challenges. I have provided documentation to support my request.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Registrar Use Only			
Medical verification provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Decision of Registrar	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	
Registrar Office Signature:	_____	Date:	_____
Copy to student:	_____		
Original filed in student file.			