

Health Experience Completion Request Form

Request to acknowledge a Pre-Approved Health Experience

e-ID			University ID 800	
		Phone:		
course f General	alth Experience was designed to be fulfillment. Students only need to sulfill Education requirement. Sproved Health Experience (non-S)	accessfully comple	te one Health Expe	
	Experience credit will be granted wh			on that shows they have
complet	ted one of the following experiences	post-high school	graduation. Certi	fication materials should
	ented to the Service Center.			
Check	one:			
0	One semester (or more) in collegiate Athletics	Varsity 0	Certified Yoga Instru Certified ACSM Per	
0	One semester (or more) in Club Athle		Certified ACSM Gro	oup Exercise Instructor
0	PADI SCUBA diving certification (in training only, not recertification)		designated SIUE Stu	st five Health Experience dent Academic Success
0	Emergency Medical Response certific (initial training only, not recertification	on)	Sessions (SASS) three Retention and Studenties	
0	Lifeguard certification (initial training not recertification)	g only,		duction and at least 5 of the ACCESS "Online
0	Basic Training (Military) Completion of SIUE Indoor Triathalo	n	Learning Community students registered w	y Course" [available for vith ACCESS]
0	SIUE Campus Recreation Participatio 10 sessions of one activity:	on o	CPR (initial certifica completed with an or	tion). Cannot be
0	Yoga Belly Dancing (circle one One semester (or more) of Air Force		Completion of 10-ho	our Occupational Safety
O	ROTC participation	O Aimy	and Health (OSHA) Completion of SIUE Training	
Attache	ed documentation:		Training	
The Ge	neral Education Committee reserves	the right to reque	t additional docum	entation when needed.
Student Signature			Date	
	the request form and attached documents ervice Center, Box 1080, Edwardsville,		Center, Rendleman H	all, room 1309, or mail to:
Office Use	e Only:			
Rec'd in Service Center:		Entered in Banner:	Student not	ified via email: