

Western Carolina University
Health and Physical Education Professional Preparation Program (HPE-PP)

Professional Involvement Verification Form

Name:

Date(s) 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.

Total Points: _____

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: _____