



Sport: \_\_\_\_\_

Year: \_\_\_\_\_

OPPONENT	P-PLACE F-FACILITY	D-DATE & DAY R-RETURN DATE/TIME	DAY(S) OF TRAVEL	M,W,F	T, TH	GUARANTEE

1st Semester _____ days	M,W,F classes x 20% = _____	Dead Week _____	M,W,F
1st Semester _____ days	T,TH classes x 20% = _____	Dead Week _____	T,TH
2nd Semester _____ days	M,W,F classes x 20% = _____	Dead Week _____	M,W,F
2nd Semester _____ days	T,TH classes x 20% = _____	Dead Week _____	T,TH

I certify that this schedule will not cause any student-athlete to miss more than 20 % of the class periods in any course. **SIGNED** \_\_\_\_\_  
(Head Coach/designee)

**APPROVED:** \_\_\_\_\_  
(Athletics Director/Designee)

**APPROVED:** \_\_\_\_\_  
(Director of Academics)

**DATE** \_\_\_\_\_