



## **UMBC at The Universities at Shady Grove How to Submit for a PE Waiver**

### **A PE waiver can be granted in the following cases:**

- Age: *30 years of age or older at the time of initial enrollment at UMBC*
- Military Service: *Six months of active service = 1.5 physical education credits*
- Documented medical condition or disability
- Collegiate Athletic Participation: *1 year = 1.5 physical education credits*

### **Submitting a Request**

- All PE Waiver requests require a written memo requesting the waiver with supporting documentation (see below for documentation details)
- Email the memo and supporting documentation to Mr. John Jancuska, Supervisor of Physical Education, at [jancuska@umbc.edu](mailto:jancuska@umbc.edu)
- The memo must include (see back for sample memo):
  - Full name
  - Address
  - University Email Address
  - Campus ID
  - Telephone Number

### **Necessary Supporting Documentation**

- Age Documentation:
  - Copy of birth certificate or driver's license
  - UMBC Unofficial Transcript
- Military Documentation:
  - DD214 form
- Medical Documentation:
  - Documentation from physician stating the student is unable to participate in physical education classes for the duration of his/her academic stay at UMBC (chiropractor, physical therapist, and other health care professional letters are not accepted)
- Collegiate Athletic Documentation:
  - Documentation from previous college/university athletic department stating the student participated on an NCAA Varsity athletic team

### **Notes**

- Requests are review and processed at the end of every month. If approved, the student's degree audit will be updated within 48 hours.
- Please contact John Jancuska at (410) 455-2239 or [jancuska@umbc.edu](mailto:jancuska@umbc.edu) with any questions or confirmation of receipt.

# Memo

To: Mr. John Jancuska  
From: [Click **here** and type name]  
Date: 6/23/2016  
Re: Request for PE Waiver

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I,[Click **here** and type name], am requesting a PE Waiver referencing the following exception policy:

- ☐ Age
- ☐ Military Service
- ☐ Medical/Disability
- ☐ Collegiate Athletic Participation

[Write any extra details about exception here]

Please find the information needed below and the supporting documentation attached.

Name:  
Address:  
Email Address:  
Campus ID:  
Telephone:

Sincerely,

[Click **here** and type name]