90 Hour Form

For use in documenting offline course activity such as athletics for PE credit.

CHRISTA MCAULIFFE ACADEMY
SCHOOL OF ARTS AND SCIENCES
TOUCH THE FUTURE

Student/Course Information

Student Name:
Course Title:
EF Name:
Start Date: **Completion Date:**

Authorized Signature

Print Name:
Title/Role:
Business/Group:
Sign to confirm that the above named student engaged in the total number of hours listed on this form.
Signature:

Date: **Total Hours:**

Additional Documentation

List additional items to be presented with form (i.e. photos, video, newspaper clippings, etc.):
Items:

Activity Log

Date	Hours	Activities	Competency

Activity Log Continued

Date	Hours	Activities	Competency

Student Name:	
Course Title:	