

## Virginia Military Institute

## Department of Physical Education

INSTRUCTIONS: Please print, obtain the necessary signatures and return to:

Virginia Military Institute Registrar's Office 303 Shell Hall Lexington, VA 24450 FAX #: 540-464-7726

TO: Registrar's Office *Cadet Name:\_\_\_\_\_ VMI Box #\_\_\_\_* FROM: *Major:*\_\_\_\_\_ *Class:*\_\_\_\_\_ Cadet \_\_\_\_\_\_ has permission to enroll in two (2) Physical Education classes as listed below: 
 PE\_\_\_\_\_\_
 Section\_\_\_\_\_

 PE\_\_\_\_\_\_
 Section\_\_\_\_\_\_
\* To Be Completed By Physical Education Department Head Only Approved Disapproved Date:\_\_\_\_ COL James A. Coale

Department Head, Physical Education