

Rosemont College Intercollegiate Athletic Class Release Form

To: _____
(Professor's name)

From: _____
(Student-Athlete's name)

Class: _____ Semester: Fall Spring Year: _____

Sport: Basketball Field Hockey Lacrosse Softball Tennis Volleyball Soccer

I am a member of the intercollegiate athletic team listed above and a member of your class. The official athletic contests listed below conflict with our class time during the semester. The Athletic Department requires your signature as notification that I have discussed this issue with you as my professor. I understand that it is my responsibility to make up missed work, and that I will make arrangements with you for any other additional work that may need to be done. I also understand that absences for contests are not personal days and this agreement does not change the Rosemont College policy on absences.

Date of class	Day of week (circle)	Time of class	Leave early	Time leaving early	Arrive late	Time arriving late	Miss entire class
	M W F T TH						
	M W F T TH						
	M W F T TH						

*Please note that games may be cancelled and rescheduled during the semester. Instructor will be notified as soon as possible if rescheduled time conflicts with class time.

Signature of Student-Athlete: _____

Signature of Instructor: _____

Signature of Director of Athletics: _____

*A completed form, with all signatures, will be given to the Instructor, Student-Athlete, and Coach via inter-office mail from the Athletic Department. Please call the Athletic Director with any questions at ext. 4265. Current athletic schedules may be accessed on the Rosemont College web site.