

**OFF SITE – STUDY ACTIVITY VERIFICATION FORM**

*(To be completed by instructor, teaching asst., academic center staff, etc.)*

This statement confirms that the student-athlete, whose name is provided below, participated in a study activity led by me on:

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time out \_\_\_\_\_ Location \_\_\_\_\_

\_\_\_\_\_  
Name of Study Session Leader (printed)

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Signature of Study Session Leader

\_\_\_\_\_  
Phone # (optional)

*Please feel free to contact Student-Athlete Academic Services at 319.335.9384 or [mel-sanders@uiowa.edu](mailto:mel-sanders@uiowa.edu) if you have questions/concerns related to this student-athlete's behavior or level of participation. Additional comments, as you feel appropriate, may be provided on the bottom or back side of this sheet.*

**TO BE COMPLETED BY THE STUDENT-ATHLETE**

*Prior approval of the study activity (on-campus tutorials or instructor led review sessions) is required by your academic coordinator.*

*The number of study hours you can earn outside the Learning Center (supplemental hours) that can be applied towards structured study will be determined by your academic coordinator.*

*To receive credit you must submit this form to your academic coordinator by Friday @ 2:00 PM*

Student's name \_\_\_\_\_ Sport \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

This supplemental study activity was for \_\_\_\_\_ (course).

Student's signature \_\_\_\_\_ Date submitted \_\_\_\_\_

*(To be completed by Academic Coordinator prior to supplemental study activity)*

Approved:    Y        N                      Comments: \_\_\_\_\_

Total Hours Permitted: \_\_\_\_\_

A-C Initials: \_\_\_\_\_

Tutor/Instructor Comments: