



**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

**FROM:** Cadet Name: \_\_\_\_\_ VMI Box # \_\_\_\_\_

Major: \_\_\_\_\_ Class: \_\_\_\_\_

Cadet \_\_\_\_\_ has permission to  
enroll in two (2) Physical Education classes as listed below:

PE \_\_\_\_\_ Section \_\_\_\_\_ PE \_\_\_\_\_ Section \_\_\_\_\_

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***To Be Completed By Physical Education Department Head Only***

***Approved***

***Disapproved***

\_\_\_\_\_ ***Date:*** \_\_\_\_\_

***COL James A. Coale  
Department Head, Physical Education***