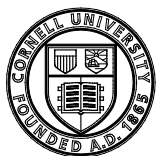


# Petition of Physical Education Requirements Form



**Cornell University**

Mail this form directly to:  
Cornell University Student Disability Services  
Cornell Health, Level 5  
110 Ho Plaza  
Ithaca, NY 14853

Or fax to:  
607 255-1562

The Faculty Advisory Committee on Athletics and Physical Education has established a physical education requirement and basic swimming and water safety competency test for all entering freshmen undergraduate students.

The swim test consists of a feet-first entry into the deep end of the pool and a continuous 75-yard swim (3 laps) using front, back, and optional strokes. Any student who cannot pass the swim test is required to register for Beginning Swimming as his or her physical education course. A "swim test hold" is placed on a student's academic record until he or she has: 1) passed the swim test, 2) fulfilled the requirement by satisfactorily completing all attendance requirements for two semesters of Beginning Swimming and with the recommendation of the instructor, or 3) has been granted a substitution through Student Disability Services (SDS).

The Physical Education (PE) requirement includes taking two one-credit PE courses. These courses should be completed by the end of the freshman year.

Students unable to meet the swim test or PE requirement because of disability-related reasons must submit a petition to SDS. The primary objective is to identify effective accommodations to afford each student the opportunity to fully participate in physical education courses and the swim test. Typical accommodations include: modifications to exercises in PE classes; individualized instruction; individualized administration of the swim test; and administration of the swim test in a non-chlorinated/brominated environment.

If an effective modification for the swim test cannot be identified, an alternate course must be taken. Qualifying courses are: Wellness and Fitness (PE1265); Wilderness First Responder (PE1626) or a NYS Certified First Responder or Emergency Medical Technician course at another institution or agency.

Given that students are fully informed of these requirements upon matriculation, there will be no special consideration given for requests made by students in their final year. Students are advised to address these requirements early.

**Need more information?** Contact Student Disability Services, Cornell Health Level 5, 110 Ho Plaza, Ithaca, NY 14853 (telephone: 607 254-4545; fax: 607 255-1562; Deaf/HOH: via 711 Relay; e-mail: [sds\\_cu@cornell.edu](mailto:sds_cu@cornell.edu)).

## Personal Information – All information is to be completed by the student.

Name: \_\_\_\_\_ Cornell ID number: \_\_\_\_\_

Permanent address: \_\_\_\_\_  
street city state or province zip or postal code country

Home or Cell Phone: \_\_\_\_\_ Cornell NetID: \_\_\_\_\_

Cornell address: \_\_\_\_\_ Cornell or Cell Phone: \_\_\_\_\_

## Academic Information

College: \_\_\_\_\_ Class Year: \_\_\_\_\_

Major, if known: \_\_\_\_\_ Entrance Date: \_\_\_\_\_

Is this a Physical Education Petition \_\_\_\_\_, a Swimming Competency Petition \_\_\_\_\_ or both \_\_\_\_\_?

Requested accommodation or substitution:

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Describe how your condition affects your ability to fulfill the PE requirement or swim test (or two semesters of beginning swimming classes).

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Describe the measures you have taken to date to address the requirement.

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Fully explain why these measures were not effective in your fulfilling the requirement.

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#### Certification

I certify that the information provided on this form is accurate. I understand that to be eligible for disability services at Cornell University I must (1) submit this completed form, (2) submit disability documentation that substantiates the requested accommodations, and (3) participate in an intake interview with a Student Disability Services staff person. My signature authorizes SDS to discuss my documentation with the clinician who authored the documentation or a similarly-qualified Cornell clinical staff person or consultant, if additional information or clarification is required.

**Please check one:** Documentation from a licensed professional ☐ is enclosed ☐ will be sent separately

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

#### PHYSICAL EDUCATION USE ONLY

Petition Form Received: \_\_\_\_\_

Approved by PE: \_\_\_\_\_

Number Course Hours: \_\_\_\_\_

Approved by SDS: \_\_\_\_\_

Date Course Completed: \_\_\_\_\_

Transcript Received: \_\_\_\_\_

College Registrar: \_\_\_\_\_

Notified: \_\_\_\_\_