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/HH: via 711 Relay; e-mail: 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:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Petition of Physical Education Requirements Form

Cornell University

STUDENT DISABILITY SERVICES FORM for Matriculated Students

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

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

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

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

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

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

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: ________________________________