

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Room 320 EB
Albany, New York 12234

**APPLICATION FOR EXTENSION OF TIME
TO MEET COACHING REQUIREMENTS**

(For Certified Teachers Only)

INSTRUCTIONS: *Print or type all information. The completed form shall be sent to the Office of Curriculum and Instruction at the address above.*

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Home Phone () _____ - _____ Work Phone () _____ - _____

1. Teaching Certificate # _____

Subject _____ Type _____

2. Date first appointment as coach ____/____/____

Sport(s) coached _____

3. The coaching courses completed and the instruction or agency where courses were taken:

Philosophy, Principles and Organization of Athletics in Education _____

Health Sciences Related to Coaching _____

Theory and Techniques of Coaching _____ (Sport)

OVER

4. Reasons for requesting an extension: _____

5. Plans for completing courses (indicate dates and locations):

Philosophy, Principles and Organization of Athletics in Education _____

Health Sciences Related to Coaching _____

Theory and Techniques of Coaching _____ (Sport)

I declare and affirm that the statements made in the foregoing application are true and correct.

FOR OFFICE USE ONLY

Approved _____/_____/_____

Disapproved _____/_____/_____

Returned for Clarification
_____/_____/_____

Signed _____

Signature of Applicant

_____/_____/_____

Signature of Chief School Officer

