



BVAL Academic Athletic Probation Request

School: _____ Date: _____

Athlete Name: _____

Sport and Season: _____

Year in School (circle one): (FR) (SOPH) (JR) (SR)

Grading period: _____ Present GPA: _____

Units passed: _____ Units attempted: _____

I request the above-mentioned student/athlete be granted academic probation.

Signed: _____
(Head Coach)

I approve of the request stated above.

Signed: _____
(Athletic Director)

Signed: _____
(Parent/Guardian)

Length of probation period: _____ (number of weeks) cannot extend beyond the current grading period.

Signed: _____
(Principal)

Please fax to BVAL Commissioner FAX # (408) 885-9243

