

Cambridge/MIT Exchange
Physical Education Points

REQUEST FORM

NAME _____

ID # _____

YEAR OF INTENDED GRADUATION _____

EMAIL _____

ATTENDING CAMBRIDGE UNIVERSITY _____
Start Date - Ending Date

SPORT _____
Name

SPORT DATES OF SEASON _____
Start Date - Ending Date

Submit request form to:

Carrie Moore
MIT Director of Physical Education
Zesiger Sports and Fitness Center W 35 – 290
Cambridge, MA 02139
clsmoore@mit.edu