



Sports Representation Form

This form is intended to verify that a student will represent DCU in a match/intersity event.
This is a confirmation of representation and there is no obligation on a lecturer to accept this form.

Student's Details

Student Name:	Student Id Number:
Course :	Year of Study:

Sports Event

Sport:	Event:
Dates & Time:	Venue:

Sports Representation (to be completed by the Student)

I (name) _____ state that the above information is an accurate account of my DCU sporting representation:

Signed: _____ Date: _____

To be completed by DCU Sports & Wellbeing

Stamp	Signed:
	Print Name:

Guidelines:

- This form should be completed by the student and signed by the DCU Sports & Wellbeing as verification of a student's sports representation at a match or intersity event.
- This form is **not** intended to defend students in the event of poor academic performance.
- It is the **student's responsibility** to submit the completed form to the appropriate academic staff.
- This form is a confirmation of representation. There is no obligation on a lecturer to accept this form.
- Please submit this form to DCU Sports & Wellbeing to sign/stamp at least 48 hours before required.

Queries regarding the use of this form should be directed to DCU Sports & Wellbeing,
LG18b McNulty Building, Dublin City University, Glasnevin Campus, Dublin 9.
Tel: (01) 700 5625 Email: sports-wellbeing@dcu.ie Web: www.dcu.ie/sports-wellbeing