



Aquatics Program Swim Instructor Request Form

Date _____

Name _____ Phone _____

Email Address _____

Status: Student Faculty Staff Alumni Family

Have you ever had an SIUE swimming instructor before? Yes No

If yes, whom did you work with? _____

Do you prefer a male or female instructor? Male Female Either

Specific instructor requested? List name: _____

Do you have prior swimming experience? Yes No

If yes, describe your proficiency level: _____

What are your goals (please be as specific as possible)? _____

What days of the week would you prefer to swim? (Please check all that apply)

Sun Mon Tues Wed Thurs Fri Sat

What time(s) of the day would you prefer to swim?

Morning Afternoon Evenings

Aquatics Program Use Only

Date client was placed _____ Name of Instructor _____

Date of swim test _____

Additional notes: _____
