



# Athlete Eligibility Verification (transfer students)

form 40.30.3.3.3  
2009-2010

Date:

To:

School:

Fax:  Telephone:

E-Mail:

The (NAME OF CIS UNIVERSITY) checks the eligibility record of all students who transfer to our university from another post secondary institution. This information assists us in determining the number of seasons (years) of athletic participation a student is entitled to and the date the athlete is able to begin competing at our institution. Your assistance in providing this information is greatly appreciated.

Athlete's Name & Sport:

Please provide the information below regarding a former student-athlete from your institution. Please confirm the eligibility and years that eligibility was used and return by fax as soon as possible. Thank you!

1) Please indicate the years this student attended your institution:

2) Participation in your athletic program:

Sport	Academic Year of Participation (September through August)	Was the athlete charged with a year of Eligibility, or Assessed a Season of Competition (yes / no)
<i>eg ) basketball</i>	<i>2008-09</i>	<i>yes</i>

3) Date of last contest in which the student was listed on a game or competition roster or entry form:

4) How many credit or semester hours did the student-athlete successfully complete in the last academic year (September through August) that they were a student-athlete at your school?

5) Would the student be eligible to continue to compete at your institution in accordance with your jurisdictions rules? (please circle)

YES

NO

If no, please explain:

6) Other information that might be relevant (such as suspension / discipline or doping infractions)?

Name of person completing this form:

Signature:

Title:

Date: