

ADDING A STUDENT-ATHLETE TO YOUR ROSTER

Please complete this form prior to adding a student-athlete to your roster or having a student-athlete practice with your team, if he or she was not on your initial roster you provided the compliance office during your teams Initial Eligibility Meeting.

RECRUITS AND WALKONS

TO BE COMPLETED BY COACH

DATE: _____ COACH: _____ SPORT: _____

STUDENT-ATHLETE: _____ SS#: _____ Student ID: _____

Bylaw 14.3.5.1 Determination of Eligibility: RECRUITED: _____ NOT RECRUITED: _____

First Date of Practice: ___/___/___ Last Day of Practice: ___/___/___

***First Day of Practice** is the first day a student-athlete reports for any type of participation, in or out of season. Recruited student-athletes are allowed to practice 14 consecutive days prior to having their academic credentials certified. Non-recruited student-athletes are allowed to practice for 45 consecutive days prior to NCAA Eligibility Center and institutional certification.

After the last day of practice, if the student-athlete has not been certified they must cease any athletic activity (practice, weight training, etc...)

Receiving Athletics Aid: YES _____ NO _____ First Date of Competition: ___/___/___

Please Check One: FIRST TIME FRESHMAN _____ JUNIOR COLLEGE TRANSFER _____ 4 YEAR TRANSFER _____

Last School Attended: _____

Head Coach Signature _____

TO BE COMPLETED BY ATHLETIC TRAINER

Has the student-athlete filled out the paperwork and passed a physical: YES _____ NO _____

Athletic Trainer Signature _____

TO BE COMPLETED BY ACADEMIC ADVISOR

Degree Evaluation: YES _____ NO _____ Issued and discussed handbook with student-athlete: YES _____ NO _____

Academic Advisor Signature _____

TO BE COMPLETED BY COMPLIANCE OFFICE

Student-Athlete is enrolled in _____ units for the (Fall/Winter/Spring) Quarter. Declared a major: YES _____ NO _____

Has met 6 unit requirement: YES _____ NO _____ Has met 36/27 unit requirement: YES _____ NO _____

Student-Athlete has completed all NCAA and institutional eligibility forms: YES _____ NO _____ GPA _____

Compliance Coordinator Signature _____

TO BE COMPLETED BY FACULTY ATHLETIC REPRESENTATIVE

Certified Eligibility: YES _____ NO _____

FAR Signature _____ DATE: _____