*** United States Collegiate Athletic Association***

***150 Boush St., Ste. 603***

***Norfolk, VA. 23510***

***Phone: 757-706-3756***

***Fax: 757-706-3758***

***Email – info@theuscaa.com***

**Official Request for Medical Hardship Waiver**

\*Form Must Be Submitted Within 30 days of the Injury

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Injury : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of contests participated in : \_\_\_\_\_\_\_\_

Number of scheduled contests : \_\_\_\_\_\_\_\_\_

Include the follow attachments:

1. Medical documentation indicating continued medical evaluation/treatment and the nature and extent of the injury/illness.
2. Copy of published schedule
3. Individual statistics for the season as recorded by the Sports Information Director

To the best of my knowledge, based on the information provided, this student athlete is truthful in his/her statements and meets the requirements of the USCAA Bylaw 24.12 to be granted a hardship waiver for the academic year of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

(name) (title)

Signature of Director of Athletics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_