**OFFICAL FORM** | USCAA TRANSFER ELIGIBILITY FORM



UNITED STATES COLLEGIATE ATHLETIC ASSOCIATION

## TRANSFER ELIGIBILITY FORM

Dear Sir/Madam:

has transferred/inquired to

*(Full Name) (Institution)*

and is interested in participating in intercollegiate athletics (sports). In accordance with USCAA rules, I would appreciate

receiving the following as soon as possible to help determine his/her athletic eligibility:

Dates of Attendance to

*(MM/DD/YYYY) (MM/DD/YYYY)*

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did he/she participate (practice) in intercollegiate athletics at your institution?

Yes No Sport(s)

Did he/she compete (game or scrimmage) in intercollegiate athletics at your institution?

Yes No Sport(s)

How many seasons of eligibility have been utilized and in which sports(s)?

How many semesters of full-time attendance (12 or more credits during the semester) were utilized? Would this student have been eligible had he/she remained at your institution (circle one) ? Yes No Was the student under disciplinary suspension at your institution? Yes No Did this student-athlete transfer to your institution from another two-year or four-year school? Yes No

Institution(s).

*(Athletic Director/Designee) (Signature)* (*Date)* Thank you very much for your immediate attention to this matter.

Sincerely,

USCAA Staff

**Please email the completed form to info@theuscaa.com**

United States Collegiate Athletic Association, 150 Boush St. Suite 603, Norfolk, VA., 23510 • 757-706-3756 • www.theuscaa.com