



NAIA TRANSFER PLAYER ELIGIBILITY STATEMENT

Institution _____ State _____

This side to be filled out by the FACULTY ATHLETICS REPRESENTATIVE, assisted by the transfer student, only once at any NAIA institution. All students who have previously been identified with an institution of higher learning must complete this form prior to participation. Complete all blanks; if not applicable, write N/A in the blank.

Name of Student:

Date you first attended classes at this institution as a transfer student: Month _____ Day _____ Year _____

Yes No Did you enroll after the date set by the institution for regular full-time students?
If "Yes," give date of enrollment: Month _____ Day _____ Year _____

Yes No Did you graduate from high school? If "Yes," complete the following:
Month and year of high school graduation: Month _____ Year _____
Name, City, and State of High School _____
If "No," did you earn a G. E. D.? Yes _____ No _____

Yes No Have you served on Active Military Duty for one year or more? List date of Discharge: _____

Yes No Have you been granted a hardship by any intercollegiate athletics association or conference? If "Yes," complete the following blanks:
List sport involved _____ Year _____
List who granted request _____

Yes No Have you ever been suspended (or its equivalent of) from any institution of higher learning.

Yes No Have you ever attended a four-year college or university, a trade school, a junior college or other post-high school institution?

If you answered "Yes" to the above question, complete the following two sections:

ATTENDANCE SECTION (account for every academic/calendar term since high school)

NAME OF INSTITUTION	TYPE OF INSTITUTION (2 or 4 YEAR)	CITY & STATE	FROM (MO/YR) TO (MO/YR)	# & TYPE OF TERMS OF ATTENDANCE

COMPETITION SECTION

Yes No Did you participate in an intercollegiate contest at any previous institution?
List below any seasons of competition in ALL intercollegiate sports: (If you did not participate, write "None.")

NAME OF INSTITUTION (STATE)	**SEASONS OF COMPETITION (List 1, 2, 3 or 4)	SPORT	ACADEMIC YEAR(S) (Example: 2001-02)

To the best of my knowledge, this is a complete and accurate report of my participation in college athletics. I have read the "NAIA Eligibility Regulations-Attention Athlete" poster and I believe I am eligible under NAIA rules. I understand withholding information or providing false information, particularly concerning previous institutional identification and/or participation, will rule me ineligible for participation in athletics within the NAIA.

Date _____ Student _____

**Seasons of Competition: Seasons of Competition for a transfer student will be determined under the rules of the association from which the student transfers. (See Article V, Section B, 14).



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THIS SIDE MUST BE COMPLETED BY THE FACULTY ATHLETICS REPRESENTATIVE

I VERIFY THAT I HAVE CONFIRMED OR HAVE BEEN INFORMED BY MY ATHLETICS DIRECTOR WHO HAS CONFIRMED THAT (INITIAL APPROPRIATE LINE):

NAME OF STUDENT _____ FILING INSTITUTION _____ STATE: _____

Student previously identified at four-year institutions only

_____ The student did not participate at the immediately previous four-year institution. The residency rule shall not apply.

_____ The student participated at the immediately previous four-year institution. The student has a minimum overall GPA of 2.000 (on a 4.000 scale), and we have received a written release for this student from the Director of Athletics at the immediately previous four-year institution. If the student attended more than one institution, our registrar computed the student's GPA from all courses taken at all previous institutions. The residency rule shall not apply.

Student previously identified at two-year institutions only

_____ The student's previous identification was with a two-year institution only. The student has never identified with a four-year institution. The residency rule shall not apply.

Student previously identified at both four-year and two-year institutions

_____ The student's immediately previous identification and participation was with a two-year institution. The residency rule shall not apply.

_____ The student identified and participated at the immediately previous four-year institution. The student identified at a two-year institution (the student may or may not have participated at the two-year institution). The student has a minimum overall GPA of 2.000 (on a 4.000 scale), and we have received a written release for this student from the Director of Athletics at the immediately previous four-year institution. If the student attended more than one institution, our registrar computed the student's GPA from all courses taken at all previous institutions. The residency rule shall not apply.

_____ The student participated at the immediately previous two-year institution but did not participate at the immediately previous four-year institution. The residency rule shall not apply.

_____ The student did not participate at either the immediately previous two-year institution or the immediately previous four-year institution. The residency rule shall not apply.

No Exceptions

_____ The student does/did not qualify for an exception to the residency regulation. The opening date of classes for this student at our institution is/was _____ The student will satisfy or satisfied the 16-calendar week (112 days) residency on _____ which is/was the day following the 16-week period

IF ANY PERIOD OF TIME IS MISSING BETWEEN HIGH SCHOOL GRADUATION AND ENROLLMENT AT YOUR INSTITUTION YOU MUST HAVE THE STUDENT ACCOUNT TO YOU FOR THE MISSING TIME.

I have examined the student's academic records and, based on that material, all information provided on this form is accurate.

Date _____ Signed _____ Faculty Athletics Representative Institution _____