

ATLANTIC COLLEGIATE ATHELTIC CONFERENCE STUDENT-ATHLETE ELIGIBILITY VERIFICATION FORM

(2021-22)

(Please complete all fields on this form and forward to the requesting college and the ACAA office.)

STEP 1: TO BE COMPLETED BY THE STUDENT-ATHLETE				(PLEASE PRINT CLEARLY)		
I	(nar	me of student)			hereby auth	norize
	(Hai	ne or studenty				
	(name of pre	evious institution attended)			to release the following	ng information to
_				Department of athletics for the purpose of determining my Athletic Eligibility		
	(Name of current	t institution attending)		Athletic Ell	gibility	
Ger	nder: M / FX	Previous ID#: _				
Stu	dent-athletes signatu	re:		Date:		
S	TEP 2: TO BE COMPLI	ETED BY THE REQUESTING	INSTITUTION		(PLEASE PRINT CL	EARLY)
Plea	ase return form to : _	(institution)				
		(Contact Person)				
		(Fax#)			(Email)	
Plea	se also forward to ACAA Of	fice Email: acaa.aasc@gmail.com				
S	TEP 3: TO BE COMPLI	ETED BY THE PREVIOUS IN	STITUTION		(PLEASE PRINT CLEA	RLY)
1.	Participation in ALL p	previous athletic programs	where eligibilit	y was charg	ged.	
	Jurisdiction (CCAA/CIS/ NCAA)	Institution	Spor	rt	Seasons or participation (i.e. 2016-17)	# of eligibility years charged
2.	What academic program(s) was the student-athlete enrolled in? (i.e. academic upgrading, business, etc)					
3.	Was the student-athlete in good <u>ACADEMIC</u> standing upon leaving your institution? YES ☐ NO☐					
4.	How many credits did the student-athlete successfully comple the last academic year of athletic participation?			ete in each t	term in Fall:	Winter:
5.	Would this student -	-athlete be eligible to comp	ete in the follo	wing seme		t your institution? YES □ NO □
	If not, why?					
6.	Has this student previously sat out 1 year in order to "regain" their academic eligibility? YES NO NO If yes, what year?					
7.	Was this student aca	ademically dismissed from	your institutior	า?	YES NO D	

Form Completed by:

Name:	Title:	Date:

For office use only: Eligible: ______ Date: _____

Updated: 07/20/2018