



National Collegiate Wrestling Association

ACADEMIC ELIGIBILITY FORM - 2019-2020 SEASON



INSTITUTION DEMOGRAPHIC INFORMATION

SCHOOL:

CITY:

STATE:

In accordance with the Family Educational Rights and Privacy Act (FERPA), I, the undersigned Student-Athletes, do hereby authorize the Activities or Athletics Director, the wrestling team leadership, and Registrar of the institution I am attending to release any and all information about me which pertains to my eligibility to participate in the National Collegiate Wrestling Association (NCWA). The release of such information shall be restricted to any and all official representatives of the NCWA, the Conference, and its member representatives (if applicable), for any official purpose deemed necessary by the NCWA, and in accordance with the NCWA Rules, Policies, and Procedures. It is further understood that I may receive copies of such material from the institution upon request.

PLEASE USE A COMPUTER TO ENTER STUDENT AND COACH INFORMATION. CAUTION - The use of correction fluid will make the form INVALID.

Head Coach:

Email:

Phone:

THESE SECTIONS ARE TO BE COMPLETED ONLY BY THE REGISTRAR

**REGISTRAR - PLEASE PUT AN ENTRY IN ALL ROWS AND ALL COLUMNS
INCLUDING XXX IN FIELDS WITH NO ENTRY**

WRESTLER'S LEGAL NAME Please enter legal name. Enter <u>NONE</u> where there is NO name entry - Leave no name field blank	STUDENT SIGNATURE	STUDENT ID ##	TRANSFER STUDENT? Yes or No	ACADEMIC CLASS <i>Frosh - Soph Junnr - Senr Grad</i>	ALL POST SECONDARY		LAST TERM			THIS TERM	CUMULATIVE GPA
					CREDITS EARNED	CREDITS ATTEMPTED	CREDITS EARNED	CREDITS ATTEMPTED	GPA	CREDITS ENROLLED IN	

Registrar Authorization:

I hereby certify that the academic information listed above is complete and correct according to official records. The students listed above are currently enrolled in a matriculating program and progressing toward a degree, or equivalent, and are enrolled in a minimum of six units during the current term. Seniors are exempt from the six units if they will complete their graduation at the end of the current term. I have affixed my seal to this document.

NAME:

SIGNATURE:

DATE:

PHONE:

EMAIL: