



PARTICIPATION LIST

Please send in your Participation List for each sport immediately after the completion of the respective season. Every student-athlete that competed in any contest during the year must be listed. Also, this list should include student-athletes who have been redshirted or who have competed but have or will receive a "Hardship Waiver". Please return this form to the Athletic Compliance Office.

SPORT: _____

YEAR: _____

- 1. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
- 2. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
- 3. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
- 4. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
- 5. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
- 6. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
- 7. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
- 8. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
- 9. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
- 10. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
- 11. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
- 12. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
- 13. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
- 14. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
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- 16. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
- 17. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
- 18. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
- 19. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____
- 20. _____ Competed Practiced Only Hardship Yrs. Of Eligibility Remaining _____

Head Coach (signature): _____

Date: _____

Asst. AD/Compliance (signature): _____

Date: _____