



# Missouri Western State University

## Reporting Form for Transfer Students to Determine Athletics Eligibility



The below-named student may transfer/has transferred to Missouri Western State University and has indicated a desire to participate in varsity athletics. It is the policy of MWSU to check the academic and athletics record of all students who transfer to this institution from other colleges or universities. This information assists us in determining the number of seasons of athletics participation the below-named student is entitled to under NCAA Division II rules. Your assistance in securing this information will be greatly appreciated.

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sport(s): \_\_\_\_\_

**A. COLLEGE HISTORY:**     Four-year institution     Junior college    (Please, check appropriate classification)

Name of Institution: \_\_\_\_\_ Date of entrance: \_\_\_\_\_ Date of last withdrawal: \_\_\_\_\_

Was this attendance continuous?     Yes     No    If no, please give all dates: \_\_\_\_\_

Was this student enrolled in any other institution prior to attending your institution?     Yes     No

If yes, which school and what were the dates of attendance: \_\_\_\_\_

Number of (semester/quarter) hours of credit completed: \_\_\_\_\_ College cumulative G.P.A.: \_\_\_\_\_

Did the student receive a degree or diploma?     Yes     No    Terms completed: ( \_\_\_ semesters)\_(\_\_\_quarters)

Is this student in good academic standing at your institution to date?     Yes     No

**B. PARTICIPATION RECORD**

**Student's record of athletics participation:**

**Academic Years**

Sport \_\_\_\_\_ 20\_\_ -20\_\_    20\_\_ - 20\_\_    20\_\_ -20\_\_

Did this student-athlete practice or compete while at your institution? \_\_\_\_\_

Number of seasons of competition used by the student at your institution upon withdrawal: \_\_\_\_\_

Did the student claim previous competition at other institutions?     Yes     No    Dates: \_\_\_\_\_

**Four-year institutions only:**

May we have permission to contact this student?     Yes     No

If eligible, do you grant this student an exception to the transfer residence requirement?     Yes     No

If eligible, do you grant this student an exception to the transfer residence requirement?     Yes     No

If no, why do you object? \_\_\_\_\_

Does this student-athlete meet satisfactory progress requirements of NCAA bylaw 14.4?     Yes     No

Would this student-athlete be eligible to compete if they had stayed at your institution?     Yes     No

Is this student-athlete under disciplinary suspension (non-academic) per bylaw 14.5.1.3?     Yes     No

Has this student signed an NLI at your institution?     Yes     No

If yes, has the student-athlete fulfilled his/her NLI obligation?     Yes     No

What was this student-athlete's initial eligibility status?     Qualifier     Partial Qualifier     Non-Qualifier

**C. TESTIFYING STATEMENT**

I certify the above statements are correct and complete in all respects as based on information at our institution.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_