



**MEDICAL HARDSHIP WAIVER PETITION
(NCAA Bylaw 14.2.4)**



Revised February 2007

Institution: University of Central Arkansas Date Submitted: _____
 Name of Student-Athlete _____ Sport: _____
 Academic Year for which petition is being submitted: _____

Per Conference Bylaw 5.04, only hardship waiver applications submitted within sixty (60) days following the conclusion of the student-athlete's season shall be considered. Waiver requests may be submitted for competition in both the traditional and non-traditional seasons (if applicable).

The following *must* be included with this petition:

- 1) A letter from the physician on physician's letterhead stating that the injury/illness was incapacitating, description of the injury/illness, prognosis and treatment/surgery;
- 2) Contemporaneous or other appropriate medical documentation from the physician who administered care at the time of injury or illness, per NCAA Bylaw 14.2.4.3.3; and
- 3) A full competition schedule for the season.

Please complete the following:

Number of team's contests this season per schedule in existence as of first contest 14.2.4 (b) & (c)	Date of "half-way point" of the season (1/2 of team's scheduled events) [14.2.4 (b) & 14.2.4.3.4]	30% of team's scheduled events [14.2.4 (c), & 14.2.4.3.6]	Date of injury or illness	Date on which student-athlete last competed this season	Total number of contests in which student-athlete competed this season

Dates of student-athlete's competitions during this season:

OR Check here if injury occurred at previous two- or four-year institution(s). No calculations required. Contemporaneous medical documentation is required.

If this waiver is approved, this student-athlete will have _____ remaining seasons in the sport for which it is requested.

Signatures:

Head Athletics Trainer Date

Head Coach Date

Compliance Coordinator Date

Director of Athletics Date