MID-CONTINENT CONFERENCE

Hardship Waiver Petition

To be completed by the individual charged with compliance	e responsibilities on the reporting institution's campus
Student-Athlete:	Institution:
Sport:	Date:
Competition Schedule Please list in chronological order all seasons of competition Years (Yr) to (Yr)	n in which the student-athlete participated: Institution
I. Date injury/illness occurred:	
2. Student-athlete's injury occurred in the contest of a contest schedule.	
3. Student-athlete competed in total contests (Include all competition against outside participants during traditional/official championship season)	
4. Student-athlete's injury occurred in the non-traditional season: (circle one) YES NO	
5. Student-athlete's injury did / did not coccur in one of the four seasons of competition at a four-year institution.	
Required Documentation 1. Written statement from the examining medical profession a. Date the injury occurred; b. Date of medical examination; c. Diagnosis; d. Reason student-athlete was advised to discontinue particle. Statement that the student-athlete's injury resulted in inc	cipation for the remainder of the season;
2. Final performance statistics from the institution's sports information department.	
3. Final official schedule that includes a contest-by-contest breakdown of all completed competition.	
Based upon the information submitted and my knowledge of this matter, I certify that this student-athlete meets the criteria of the hardship waiver legislation and request approval of this petition.	
Director of Athletics:	Date:
Prepared by:	Title:
Mid-Continent Conference Action	
Granted:	
Denied:	
Signature:	
Date:	