

WAIVER OF INITIAL-ACADEMIC-ELIGIBILITY REQUIREMENTS PURSUANT TO NCAA BYLAW 14.3

WAIVER APPLICATION

2005-06 Academic Year

For Use by Member Institutions Only

In	dicate type of	waiver. Check all that ap	ply:		
Di	isability 🗖	Foreign Student			
Co	ore Course 🗖	Grade-Point Average	Test Score	Transcript Change	Proof of Graduation
Ini	itial-Eligibility V	nust be completed and all revalvers Committee or NCAA sess the waiver request. Please	Division II Acade		
1.	Institution:			Conference:	
2.	Student-athlete	's name:			
3.	Student-athlete	's date of birth:	SSN/Clearingh	ouse Identification Number	r:
4.	Student-athlete	's status.			
	Date of high-so	chool graduation:			
Date of initial-collegiate enrollment:					
	Date of initial-	collegiate enrollment at your	institution, if differ	ent:	
5.	List of all high s	school/preparatory schools att	ended:		
	Dates of Attendance		Institutions		Graduated (Yes or No)

(Attach list of additional schools if necessary.)

6.	Has the student-athlete ever taken a nonstandard ACT/SAT exam? YES: NO: NO: Note: A nonstandard examination is one that is given on a day other than a national testing date and/or with							
	some kind of accommodation (e.g., extra time, questions read aloud, testing in a private room).]							
		yes, list scores and dates for each such exam:						
7.		as the student-athlete recruited by any NCAA Division I or II institution? YES: NO: NO: NO:						
	a.	When did recruitment by your institution begin?						
	b.	When did the student-athlete become aware of initial-eligibility requirements (Bylaw 14.3)?						
8.	Ha	as the student-athlete been offered or received athletically related financial assistance per Bylaw 15.1.2?						
		YES: □ NO: □						
9.	Rea	ason waiver is being requested.						
	a.	Bylaw 14.3 deficiency.						
	Please specify the student-athlete's deficiency in meeting the initial-academic-eligibility requirements cont Bylaw 14.3 (e.g., one core-course unit in English).							
	b.	Special circumstances.						
	Please explain in detail the circumstances that prevented the student-athlete meeting the eligibility requirements specified in Bylaw 14.3. Please attach to this application any supportion the institution would like the Division I or II committee/subcommittees to consider regarding the (e.g., affidavits, letters of corroboration or explanation), including what measures the student-ath the requirements.							

10. Verification.

The undersigned understands that it is a violation of Bylaw 10.1 to knowingly furnish fraudulent academic credit, false transcripts or misleading information.

THE SIGNATURES OF THE FOLLOWING INDIVIDUALS ARE REQUIRED FOR <u>ALL</u> WAIVER REQUESTS:

The undersigned understands that it is a violation of Bylaw 10.1 to knowingly furnish fraudulent academic credit, false transcripts or misleading information.

Director of Athletics	<u>OR</u>	Senior Woman Administrator
	AND	
Faculty Athletics Representative	<u>OR</u>	Chief Executive Officer
<u>Institutional contact person</u> (to whom all correspond	pondence regarding this wa	iver will be directed):
Name and title (please print):		
Telephone number:		
Fax number:		
E-mail address:		

To be completed by student-athlete:

The undersigned understands that it is a violation of Bylaw 10.1 to knowingly furnish fraudulent academic credit, false transcripts or misleading information.

Buckley Statement. I hereby authorize representatives of this institution and/or my high school(s) to provide the NCAA with, and identify as such, any nonstandardized ACT or SAT results I have received. I give my consent to disclose to authorized representatives of this institution, its athletics conference (if any), my high school(s) and the NCAA, any documents or information pertaining to my NCAA eligibility.

Additionally, I give my consent to the NCAA to disclose my name and personally identifiable information from my education records to a third party (including but not limited to the media) as necessary to explain the NCAA's decision regarding this waiver request without such disclosure constituting a violation of my rights under the Family Educational Rights and Privacy Act.

Signature (student-athlete):	Date:			
Student-athlete's address:				
Please note all notification relative to this wathe following:	iver request will be sent by e-mail. Please provide information for			
Athletics Director:	E-mail address:			
Telephone Number:	Fax number:			
Conference Contact:	E-mail address:			
Talanhana Numbar	Fox number			

Within 72 hours (three working days) of receipt of waiver, the contact person will be notified via facsimile to confirm receipt of the waiver, identify any missing information and provide the name of the staff member handling the waiver. Status reports are discouraged within the 72-hour period.

Federal Buckley Amendment Release Form

This form has been provided for student-athletes who wish to allow their parent(s) or legal guardian to contact the NCAA for information relating to the student-athlete's initial eligibility. **All information must be complete.**

Buckley Statement. You give your consent to disclose only to the authorized individual(s) listed below any documents or information pertaining to your NCAA initial eligibility.

Signature (student-athlete):		_ Date:
Full name:	(Parent/Legal Guardian)	
Address:	, , , , , , , , , , , , , , , , , , ,	
Full name:	(Parent/Legal Guardian)	
Address: Social Security Number:		
Social Security Number:		

Information only will be released to individual(s) listed above.

	aivers will not be processed until all information listed below has been received.)
	Final certification report (48-C).
	Transcript(s) from all high schools attended by the student-athlete.
	Documentation supporting the mitigating/extenuating circumstances (e.g., misadvisement – if you are asserting that the student-athlete was misadvised, see additional information in number 17 of the waiver instructions).
	dditional Required Documents Based on Waiver Type Checked the First Page:
If	You Checked:
Di	sability, You Should Also Include:
	Signed copy of a professional diagnosis accompanied with diagnostic test results.
	A copy of a current Individual Education Plan (IEP) OR a current Individual Transition Plan (ITP) OR a copy of a 504 Plan OR if the high school does not have an IEP, ITP or 504 Plan, the high school must submit a letter on school letterhead describing the accommodations provided to the student-athlete OR a letter on school letterhead entailing that accommodations were not provided to the student-athlete.
	Note : The signed copy of a professional diagnosis should be completed within the last three years. If the diagnosis is not within the last three years, the IEP, ITP, 504 Plan or statement of accommodations from the high school must be within the last three years.
	Student-athlete's written comments.
	Copies of all ACT and/or SAT test results, indicating on the application if they were taken as nonstandard test administration.
	Letter(s) of assessment/recommendations from student-athlete's high-school principal, guidance counselors and/or teachers. (Recommended.)
Fo	oreign Student, You Should Also Include:
	Copies of original language leaving or senior certificate and translations.
	Copies of original language transcripts and translations.
Tr	anscript Change, You Should Also Include:
	High-school policy on grade/transcript changes.
	Documentation supporting grade change (e.g., report card or grade report from term in question, grade book, letter from teacher).
	Copies of all transcripts.

[NOTE: Other documentation may be requested in order to process the waiver.]