

2007 - Only a player may appeal his/her computer-generated rating. To file an appeal, you must submit this form to your section/district by their prescribed date. No appeal will be accepted after that date. See your section web site for deadline. Please note that no national championship benchmark rating may be appealed the first year received except for medical.

Players will be notified in writing as to whether their appeals were granted or denied.

**NOTE: NTRP Computer Ratings are good for 3 years (2 years for those aged 60 or older during 2007)
An individual must play at their published rating or higher.**

Reasons an appeal may be granted:

YEAR-END APPEALS

- All players, except national benchmarks, whose rating is within .05 above or below NTRP level, will be granted.
- One year or older national benchmark whose rating is within .05 above or below NTRP level (regardless of age) may be considered.
- Any player who will be **60** years of age or older during the league year and whose rating is within .10 above or below will be granted an appeal.
- Year old computer rating that falls within .10 above IF the next highest approved NTRP level is not available.

EARLY START DYNAMIC APPEALS

- All of Year-End Appeals above apply
- New players (self-rated) whose rating is within .10 above or below level with 3 or fewer dynamic ratings will be granted an appeal.

MEDICAL APPEAL

- Permanent disabling injury or illness occurring after year-end ratings were achieved (with supporting documentation.)

MIXED EXCLUSIVE APPEAL

- All of the Year-End Appeals above apply
- New player (self-rated) with 4 or fewer dynamic ratings may be granted an appeal if it falls within .20 above the level.

ELECTRONIC SELF-RATE ON TENNISLINK

- Do not use this form to appeal your electronic self-rate. ESR must be appealed through TennisLink.

Name: _____

Address: _____

Phone: (____) _____

Fax: (____) _____

E-mail: _____

Date of Birth: _____

Circle: Male / Female Right-handed / Left-handed

USTA #: _____ Expires: _____

Section: _____ Area/District: _____

State NTRP level beside each Division you played.

Mark "n/a" if you did not play in a division.

_____ Adult _____ Senior _____ Mixed

_____ Super Senior _____ Mixed Senior _____ Combo

Team Number(s) and Names: _____

TYPE OF APPEAL:

___ Early Start ___ Year-End ___ Mixed Exclusive

___ Medical

___ *Documentation on letterhead attached*

___ *Appealed a medical condition before?*

If Yes: Section _____ Date _____

Note: Medical appeal of national benchmark will be forwarded to the National League Administrator.

Rating as published: _____

Request rating change to: _____

Office Use Fee Paid (if applicable): _____

Date Received: _____ Rating in 100th: _____

_____ Granted - may play _____ NTRP level

_____ Denied - must continue at _____ NTRP level

Initial: _____ Date: _____

Player's Signature

Date

**Early Start & Year-End
NTRP Appeal Form**

See your section/district web site for:

⇒ Appeal deadline ⇒ Fees (if applicable)

⇒ Appeal mailing address