Division II Degree-Completion Award Program

Athletics Information Form

**To be completed by the director of athletics, faculty athletics representative, senior woman administrator, sports information director, or coach at the institution where the applicant exhausted his or her athletics eligibility. All applications and forms MUST BE SUBMITTED INTO THE NCAA PROGRAM HUB**.

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sport(s) in which applicant competed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of seasons used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of semesters/quarters used for purposes of the 10-semester/15-quarter rule: \_\_\_\_\_\_\_\_\_\_\_

Was there a hardship waiver? Yes  No

The applicant exhausted athletics eligibility as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date)

Signature Title Date

Name (Area code) Phone number E-mail address

Please provide a statement with your assessment of the student-athlete's athletics accomplishments at your institution.

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