**The student is REQUIRED to return this form to the NCAA.**



# Division I Former Student-Athlete Degree Achievement Fund

# 

# Certification of Eligibility

1. Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. NCAA ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student-athlete meets all eligibility requirements for participation in the NCAA Division I Former Student-Athlete Degree Achievement Fund. Please retain for your records, documentation of the student-athlete’s eligibility.

|  |  |  |
| --- | --- | --- |
| 1. | Has the student-athlete triggered former student-athlete status? | Yes  No |
|  |  |  |
| 2 | Was the student-athlete enrolled at your institution within the last 10 years? | Yes  No |
|  |  |  |
| 3. | Have you confirmed that the student-athlete has not enrolled full-time at another four-year institution since he or she left your institution? | Yes  No |
|  |  |  |
| 4. | Has the student-athlete completed two years of academic work at your institution? | Yes  No |
|  |  |  |
| 5. | Did the student-athlete receive athletically-related financial aid at any time while he or she was enrolled at the institution? | Yes  No |
|  |  |  |
| 6. | Was the student-athlete in good academic standing and meeting all progress-toward-degree requirements at the time he or she left the institution? | Yes  No |
|  |  |  |
| 7. | Have you verified that the student-athlete is not eligible for funding from any other degree completion program or professional sports contract, team or league? | Yes  No |

Your signature certifies the above information is correct:

|  |  |
| --- | --- |
| *Signature of Institutional Representative* | *Date* |
| *Position* | |
| *Print Name* | *Telephone (with area code)* |
| *E-mail Address* |  |