

NCTTA 2008 League
Intercollegiate Athletic Eligibility form



The NCTTA requires that this form be submitted to the NCTTA Division Director at the first division meet of the semester. Questions? Contact registrar@nctta.org

NCTTA: 5400 Vernon Avenue S., Apt.205 Edina, MN 55436
 Fax: (702) 926-4596

To be completed by Participant*		To be Completed/Verified by Registrar		
(Check One) Quarter ___ Semester ___		Note: Undergraduate and Graduate Student Participants have different eligibility requirements**		
Student ID No.	Signature	Indicate (G) for Graduate (UG) for Undergrad	Does the student meet minimum Enrollment (Yes/No)	Does the student meet the GPA requirement? (Yes/No)
Full Name (Please Print)				

Registrar- Please verify the information above. How Many Names did you verify? _____ .
Draw a red line after the last name you verified.

Registrar's Name: _____ **Institution:** _____

Registrar's / Designate Signature: _____ **Date:** _____

Registrar's E-mail: _____ **Phone:** _____

*** I authorize inspection of my records for the purpose of determining my eligibility as a participant in NCTTA and I have read and understand the NCTTA Eligibility conditions.**

****Undergraduate student** participants should be enrolled for a minimum of 6 credit hours per term and meet cumulative GPA of 2.0 out of a 4.0 scale or be in "good standing"; **Graduate student** participants should be enrolled for a minimum of 4 credit hours per term and meet cumulative GPA of 3.0 out of a 4.0 scale or be in "good standing". GPA for freshmen students or students in their first semester of enrollment are exempted.

College/University Seal