

Fall 2014

NCTTA League

Intercollegiate Athletics Eligibility Form

Mailing Address: NCTTA 3445 Stratford Road NE Unit 2807 Atlanta, GA 30326 Fax: (800) 581-6770 Email: registrar@nctta.org with questions **Participant Instructions:** Complete the section marked *To be Completed by Participant* including the new player, NCTTA ID, names, student IDs, and signatures for the members of your team (use multiple copies of this form, if needed). Take this form to your school's Registrar Office so that they can verify your player's eligibility.

Deadline: Submit to your NCTTA division Director by the <u>first division meet</u> of the semester.

College/University

Seal

| To be Completed by Participant | | | | | | To be Completed by Registrar | | | |
|--------------------------------|---------------------------|---|----------------|------------|---|--|--|--|--|
| (Check One) Quarter Semester | | | | | | Undergraduate and graduate student participants have different eligibility requirements** | | | |
| New Player (Yes/No) | NCTTA Player ID *** | First Name Last Name (Please Print) | Student ID No. | Signature* | | G for Graduate UG for Jndergraduate | Minimum Enrollment (Yes/No) | GPA Requirement? (Yes/No) | |
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Registrar Instructions: For each of the individual students listed, please verify the student's enrollment status (graduate or undergraduate), and indicate if they meet the minimum enrollment and GPA requirements in the section marked *To be Completed by Registrar*. Fill in the information requested below and stamp with the seal of your institution.

**<u>Undergraduate student</u> participants must be enrolled for a minimum of 9 credit hours per term and meet cumulative GPA of 2.0 out of a 4.0 scale or be in "good standing."

<u>Graduate student</u> participants must be enrolled for a minimum of 6 credit hours per term and meet cumulative GPA of 3.0 out of a 4.0 scale or be in "good standing." *Students in their first semester of enrollment are exempted from the GPA requirement.*

*** If you don't know your player ID, search for it here: http://nctta.org/players

| To be completed by negistral | | | | | | | |
|--|--------|--|--|--|--|--|--|
| Draw a red line after the last name you verified. How many names did you verify? | | | | | | | |
| Institution: | | | | | | | |
| Registrar's Name: | | | | | | | |
| E-mail: | Phone: | | | | | | |
| Signature: | Date: | | | | | | |

To be Completed by Pegistrar