Fall 2015

NCTTA League

Intercollegiate Athletics Eligibility Form

Mailing Address: NCTTA
3445 Stratford Road NE Unit 2807
Atlanta, GA 30326

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 first division meet of the semester.

To be Completed by Participant

(Check One) Quarter ___ Semester ____

New Player (Yes/No)	NCTTA Player ID ***	First Name Last Name (Please Print)	Student ID No.	Signature*

* 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 Rules and Regulations.

To be Completed by Registrar

Undergraduate and graduate student participants have different eligibility requirements**

G for Graduate **UG** for Undergraduate	Minimum Enrollment (**Yes/No**)	GPA Requirement? (**Yes/No**)

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.

**Undergraduate student 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."
Graduate student 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 Registrar

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:** _____

College/University
Seal