NCTTA League, Regional and Championships

Intercollegiate Athletics Eligibility Form

Mailing Address: NCTTA
6550 Regency Lane
Eden Prairie, MN 55344
Fax: (800) 581-6770
Email: registrar@nctta.org email for questions or to scan/email completed document

Participant Instructions: Complete the section marked *To be Completed by Participant* including the 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 or mail to NCTTA by February 6, 2012, whichever comes first.

To be Completed by Participant			To be Completed by Registrar		
(Check One) Quarter ____ Semester ____			Undergraduate and graduate student participants have different eligibility requirements**		
Full Name (Please Print)	**Student ID No.**	**Signature***	**G** for Graduate **UG** for Undergraduate	Minimum Enrollment (**Yes/No**)	GPA Requirement? (**Yes/No**)

* 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.

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 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 must 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." *Students in their first semester of enrollment are exempted from the GPA requirement.*

To be Completed by Registrar	College/University Seal
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:** _____	