

Form 1**UNOFFICIAL VISITATION FORM**

Prospect's Name: _____

Parent(s)/Legal Guardian Name: _____

Transportation Description: _____

Accompanied by: _____

Sport: _____

Date of Arrival: _____

Date of Departure: _____

Lodging: ☐ Hotel ☐ Dorm ☐ Other**COMPLIMENTARY ADMISSIONS**

Campus Athletics Events	Number of Admissions (maximum of 3 per event)	Date

Did prospect receive transportation to view off-campus practice and competition sites? ☐ Yes ☐ No

If "yes", name of driver: _____

Did prospect have meal(s) with other prospects or current student-athletes? ☐ Yes ☐ NoIf yes, did prospect pay for his or her meals? ☐ Yes ☐ NoDid prospect receive a meal as part of an admissions department event? ☐ Yes ☐ NoDid prospect stay in residence hall or off campus with current student-athletes? ☐ Yes ☐ NoIf yes, did prospect pay for his or her room? ☐ Yes ☐ NoIf no, did prospect have a pre-existing established relationship with the student-athletes with whom he or she lodged? ☐ Yes ☐ No_____
Prospect's signature**Date**_____
Athletics Department Staff Member_____
Title_____
Date

Note: _____

Form 2**OFFICIAL VISITATION FORM**

Prospect's Name: _____ Sport: _____
Parent(s) Legal Guardian Name: _____ Date PSA Started Senior Year: _____
Date/Time of Arrival: _____ Date/Time of Departure: _____
Transportation: _____
Accompanied by: _____ Lodging: ☐ Hotel ☐ Dorm ☐ Other

Method of travel: ☐ Institutional vehicle ☐ Personal vehicle ☐ Commercial bus ☐ Commercial air ☐ Other _____
Mileage reimbursement: (\$ _____ X _____ miles = \$ _____) Provided to: _____
Total cost of travel (to be filled out by office personnel): _____

Accompanied by Other(s) (including university coach)? ☐ Yes ☐ No

If yes, Name(s)

Relationship:

Complimentary Admission(s)

Event:

Complimentary Admission(s)

Persons Attending:

Notice to Prospective Student-Athlete: By signing and dating this form, you attest to the best of your knowledge that the information listed on the front and back of this form is accurate as it relates to your official visit to:

Institution

Prospective Student-Athlete's Signature

Date

For Office Use Only

Total Expense of Visit: \$ _____

DAY ONE

Meals	Location	Number Eating	Cost
Breakfast			
Lunch			
Dinner			

Meal provided to/relationship to PSA: _____

Lodging (please check all that apply): ☐ Local Hotel ☐ Student Dormitory ☐ Other _____

Cost of Lodging (to be filled in by coach): \$ _____

Activities and Meetings: _____

OFFICIAL VISITATION FORM
PAGE TWO

DAY TWO

Meals	Location	Number Eating	Cost
Breakfast			
Lunch			
Dinner			

Meal provided to/relationship to PSA: _____

Lodging (please check all that apply): ☐ Local Hotel ☐ Student Dormitory ☐ Other _____

Cost of Lodging (to be filled in by coach): \$ _____

Activities and Meetings:

DAY THREE

Meals	Location	Number Eating	Cost
Breakfast			
Lunch			
Dinner			

Meal provided to/relationship to PSA: _____

Lodging (please check all that apply): ☐ Local Hotel ☐ Student Dormitory ☐ Other _____

Cost of Lodging (to be filled in by coach): \$ _____

Activities and Meetings:

Student Host Receipt and Instructions:

Your role as a student host is very important in the recruiting process for our athletics teams. You have the responsibility to understand and abide by NCAA, and institutional regulations. Please carefully review the following rules:

1. Only one student-athlete per day from our institution can serve as an official host for each prospect. Other students may assist with hosting the prospect, but shall pay for their own entertainment and meals.
2. A maximum of **\$20** for each day of the visit may be provided to cover all actual costs of entertaining yourself, the prospect (and the prospect's parents, legal guardians or spouse), excluding the cost of meals and admission to campus athletics events. These funds may not be used for the purchase of souvenirs such as T-shirts or other institutional mementos. It is permissible for you to receive an additional **\$10** per day for each additional prospect you entertain.
3. No cash may be given to the visiting prospect or to anyone accompanying the prospect.
4. You may not use vehicles provided or arranged for by any coach, institutional staff member or booster of the university. Never allow the prospect to use or drive your car.
5. You may not transport the prospect or anyone accompanying the prospect more than 30 miles from the campus.
6. You should not allow recruiting conversations to occur on or off campus between the prospect and a booster of the athletics program. (If an unplanned meeting occurs, only an exchange of greetings is permissible).
7. You may receive a complimentary admission when accompanying a prospect to a campus athletics event.

Student Host's Signature

Date

Form 3

OFFICIAL VISIT ROSTER

Academic Year: _____ Sport: _____

Prospect's Name	High School/College	Date
1.		
2.		
3.		
4.		
5.		
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22.		
23.		
24.		
25.		
26.		
27.		

Head Coach's Signature _____ Date _____ Compliance Administrator's Signature _____ Date _____

Form 4

SPORTS CAMP/CLINIC DECLARATION

Sport conducting camp/clinic:_____

Starting date of camp/clinic:_____

Camp Director:_____

Closing date of camp/clinic: _____

Institutional: _____

Noninstitutional: _____

For the following groups, list the name, institution and amount of compensation each individual will receive from the sports camp/clinic.

Athletics Department Staff (include the camp/clinic director in this listing):

Name/Title

Compensation

[illegible]

Staff members from high schools, preparatory schools or junior colleges:

Name/Title

Compensation

HS/JC Institution

[illegible]

**SPORTS CAMP/CLINIC DECLARATION
PAGE TWO**

Host institution's participating student-athletes:

Name	Compensation	Sport (s)

Prospective student-athletes:

Name	Compensation	Commensurate with Going Rate?

Other individuals (e.g., guest lecturers, officials, auxiliary personnel, student-athletes from other institutions):

Name	Compensation	Institution

List all campers projected to receive special or reduced admission privileges to this camp/clinic:

Note: an individual who has started classes for the ninth grade may not receive free or reduced admission privileges.

Name	Age/Grade	Reason

SPORTS CAMP/CLINIC DECLARATION
PAGE THREE

List awards given to campers and the criteria for determining award recipients (e.g. “Camper of the Week,” “Coaches Vote”). Note that prospects may receive awards only if the cost of the award is included in camp admissions fees.

Award

Criteria

- * Please attach a camp brochure with information on the price of camp/clinic attendance, and
- * Provide to your institution’s compliance administrator a list of all campers who register for and/or participate in the camp/clinic after its completion.

I certify that the above information is correct and that this sports camp/clinic will be conducted in accordance with NCAA and institutional regulations.

Camp/Clinic Director’s Signature

Date

If this form is completed by someone other than the camp/clinic director, please sign below.

Signature

Title

Date

Form 5**HISTORICAL QUESTIONNAIRE**

Academic Year: _____ Institution: _____ Sport: _____
Name: _____ Student ID #: _____ Birth date: _____
Local Address: _____ Local Phone: _____
E-mail Address: _____

If you will live off campus during this academic year, check the individual with whom you will live:

☐ Parents ☐ Spouse ☐ Friend ☐ Alone

For student-athletes attending this institution for the first time:

Permanent Address: _____
Phone Number: _____

1. High School (Name) _____ Grad. Date (Mo/Yr) _____
2. Date of first attendance at any two- or four-year collegiate institution as a full-time student:
Institution: _____ Term: _____ Year: _____
3. Date of first attendance at this institution: (Fall or Spring) Term: _____ Year: _____
4. Have you earned a degree from any college or university? ☐ Yes ☐ No
If yes, Institution: _____ Date of Degree: _____

List any two- or four-year collegiate institutions in which you have registered, enrolled or attended any classes (excluding summer session courses) or attended preseason practice. For each year, indicate whether you competed (C) and/or practiced (PR) for any collegiate team. Include your attendance and participation at this institution.

Academic Year	Institution	Dates Attended	Sport	C (y/n)	PR (y/n)

Total Numbers of Seasons Competed (Divisions I and II) / Participated (Division III) _____

5. Have you ever taken part in any athletics competition for which you were provided compensation (e.g., cash, comparable prize, merchandise or money for expenses on the basis of place/finish in the competition)? If so, list date, amount, sport, etc.

HISTORICAL QUESTIONNAIRE
PAGE TWO

6. Have you ever lent your name to any form of commercial advertising (e.g., newspaper, magazine, charities, radio or television appearance, billboards or personal appearances)? If so, state name of business, date and sport:

7. Have your ever signed a professional contract, a contract with a professional agent or been represented by a professional sports agent in your sport? If so, state name of agent, date, sport, etc.

8. Have you competed for any athletics team (e.g., club teams, nonintramural teams, city-league teams), other than the university's, during any academic year? If so, state sport, name of team, date, etc.

I certify, on penalty of ineligibility for intercollegiate athletics, that the above statements are complete and accurate, to the best of my knowledge. I also understand my responsibility to comply with all NCAA and institutional requirements.

Student-Athlete's Signature

Date

To the best of my knowledge, the foregoing is a complete and accurate statement.

Coach's Signature

Date

Compliance Administrator's Signature

Date

Institutional Representative's Signature

Date

Form 6

**QUESTIONNAIRE FOR ITEMS CONTAINING THE NAME,
PICTURE OR IMAGE OF A CURRENT STUDENT-ATHLETE**

Individual/Organization Making Request for Item: _____

<p>1. <i>Will this item be used for any promotional or fund-raising purposes?</i> <i>If yes, please describe or attach letter:</i> _____ _____ _____</p> <p>If yes, institutional, charitable, educational and nonprofit organizations are the only entities that may use the name, picture or image of a student-athlete to raise funds. Each individual must have the approval of the athletics director and any involved student-athletes. Continue to question 2. If no, sign at the bottom of the back side. Item may be purchased under normal institutional procedures. Do not need to complete the remaining questions.</p>	<p align="center">Yes No</p>
<p>2. <i>Does the item contain the name or picture of a student-athlete?</i></p> <p>If yes, you must have the athletics director's and the student-athlete(s) approval for the use of their names or pictures for such an activity by having them sign a "promotional activities release form" available in the athletics director's office. Continue to question 3.</p> <p>If no, you do not need to complete a "promotional activities release form." Remember that items containing the name or picture of a student-athlete may only be used in the promotional activities of institutional, charitable, educational or nonprofit organizations. Continue to question 3.</p>	<p align="center">Yes No</p>
<p>3. <i>Will the funds being raised be used by/for any prospect-aged individual(s) (i.e., ninth through 12th grade or junior college or four-year college other than your institution)?</i></p> <p>If yes, continue to question 4. If no, continue to question 8.</p>	<p align="center">Yes No</p>
<p>4. <i>Will the funds be used by a group consisting of prospective student-athletes or an individual prospective student-athlete?</i></p> <p>If individual, item may not be provided. Please sign at the bottom of back side. If group, continue to question 5.</p>	<p align="center">Individual</p> <p align="center">Group</p>
<p>5. <i>Is this group a high school/junior college group or an outside organization such as boy scouts, YMCA, YWCA, Boys and Girls club?</i></p> <p>If HS/JC, item may not be provided. Please sign at the bottom of back side. If outside organization, continue to question 6.</p>	<p align="center">HS/JC</p> <p align="center">Outside Organization</p>

QUESTIONNAIRE
PAGE TWO

<p>6. <i>Does the assistance have an athletically related nexus (e.g., is the item being provided by the institution's athletics department, athletics department staff member or a booster organization? OR is the financial assistance, resulting from the item being donated, being provided to assist an athletics program(s) or athletics team(s) consisting of prospective student-athletes?)</i></p> <p>If yes to either, items may not be provided. Please sign at the bottom of back side. If no, continue to question 7.</p>	<p>Yes No</p>
	<p>Yes No</p>
	<p>Yes No</p>
<p>7. <i>Will the funds being raised be used for specific individual(s) not of prospective student-athlete age?</i></p> <p>If yes, donations may not be provided. Please sign at the bottom of the form. If no, continue to question 8.</p>	<p>Yes No</p>
<p>8. <i>Will the funds be used to benefit a high school or two-year college coach?</i></p> <p>If yes, donations may not be provided. Please sign at the bottom of the form.</p>	<p>Yes No</p>

To the best of my knowledge, I, _____, have answered the above questions honestly and truthfully and understand that any incorrect or misleading information may impact the eligibility of a student-athlete.

Signature: _____

Date: _____

Title: _____

This information to be completed by Athletics Department personnel

Date Approved/Denied: _____

If denied, reason for denial: _____

Signature: _____

Date: _____

Title: _____

PERMISSIBLE PROMOTION ACTIVITIES RELEASE

STATEMENT OF AUTHORIZED REPRESENTATIVE:

By signing below, I verify that I have read Bylaw 12.5.1.1 and that all requirements of the bylaw will be met regarding student-athlete(s) participation in _____ on _____ (date). A written description of the activity has been provided to the institution.

Name Date For: (Name of sponsoring/hosting entity)

STATEMENT OF STUDENT-ATHLETE(S)

By signing below, I verify (a) that I have read the bylaw printed on the reverse side of this form and (b) that all requirements of the bylaw will be met regarding my participation in _____.

Signature	Date	Signature	Date

By signing below, I grant permission for this student (these students) to participate in the promotional activity set out above.

Director of Athletics Date

INTERPRETATION REQUEST

Date: _____

Question and Facts:

Requested by: _____

INTERPRETATION RESPONSE

Date: _____

Response:

Bylaw(s): _____

Interpretation from: ☐ Institutional Compliance
☐ Conference Compliance
☐ NCAA

**FOUR-YEAR COLLEGE TRANSFER
Information Request Form**

MEMO TO: Compliance Officer**DATE:** _____**INSTITUTION:** _____**FAX NUMBER:** _____

_____ has contacted << >> to compete in the sport of _____. Please complete this form and fax it back at your earliest convenience.

1. Was this individual ever a student-athlete for your institution and program?
YES _____ NO _____
2. Pursuant to NCAA bylaw 13.1.1.2, may we have permission to discuss future educational and athletic plans with the student? YES _____ NO _____
3. Student-athlete's high school graduation date (if known): _____
4. Did the student-athlete transfer from another institution prior to enrollment at your institution?
YES _____ NO _____
If yes, from where: _____ 2 year 4 year
5. Semester dates the student attended your institution as a full-time student (e.g.: Spring 2006):
_____, _____, _____, _____, _____, _____
6. Number of seasons of eligibility used by this student-athlete at your institution?
Sport _____ Years Used _____
Sport _____ Years Used _____
7. If this student remained at your institution, would he/she have been academically eligible to compete? If no, why not?
YES _____ NO _____
8. Would he/she have been athletically eligible? YES _____ NO _____
If no, why not? _____
9. Does this student-athlete meet satisfactory progress requirements for eligibility at your institution?
YES _____ NO _____

Signed: _____ **Print Name:** _____**Title:** _____ **Date:** _____ **Phone:** _____**Return to:** _____ **Fax:** _____ **Phone:** _____

**PERMISSION TO CONTACT
SELF-RELEASE TRACKING**

Student-athlete's Name: _____

Sport: _____ **Previous Institution:** _____

Date Self-Release Received: _____ **Expiration Date:** _____

First Release? _____

If subject to disclosure requirements, has previous institution been notified? YES NO

If yes, who was notified? _____

Date of notification: _____

PARTICIPATION RECORD

Sport: _____
Year: _____

This is to certify that the student-athletes listed below used a season of participation.

Please list student-athletes' names in alphabetical order.

Name (Last, First)	Name (Last, First)	SA Competed (date)	SA Practiced after first opp. to compete (practice date)	Transfer (Y/N)

Head Coach's Signature _____ Date _____

Athletics Director's Signature _____ Date _____

Sports Information Director's Signature _____ Date _____

Compliance Administrator's Signature _____ Date _____

ELIGIBILITY TO COMPETE DECLARATION INITIAL LIST

The student-athletes listed below are eligible for participation in intercollegiate competition in the sport of _____ during the _____ academic year.

[illegible]

I affirm that the student-athletes listed above have been certified in accordance with NCAA requirements.

Certifying Official
Date

Date

Athletics Director
Date

Date _____

Compliance Administrator	Date
--------------------------	------

Date

Head Coach
Date

Date

ELIGIBILITY TO COMPETE DECLARATION
MALE PRACTICE PLAYERS
INITIAL LIST

The student-athletes listed below are eligible for participation in intercollegiate competition in the sport of _____ during the _____ academic year.

Name	Student ID #	Completed Seasons of Participation	Date of Declaration

I affirm that the student-athletes listed above have been certified in accordance with NCAA requirements.

Certifying Official

Date

Athletics Director

Date

Compliance Administrator

Date

Head Coach

Date

ELIGIBILITY TO COMPETE DECLARATION SUPPLEMENTAL LIST

The student-athletes listed below are eligible for participation in intercollegiate competition in the sport of _____ during the _____ academic year.

[illegible]

I affirm that the student-athletes listed above have been certified in accordance with NCAA requirements.

Certifying Official	Date
---------------------	------

Athletics Director
Date

Compliance Administrator	Date
--------------------------	------

Head Coach
Date

**ELIGIBILITY TO COMPETE DECLARATION
MALE PRACTICE PLAYERS
SUPPLEMENTAL LIST**

The student-athletes listed below are eligible for participation in intercollegiate competition in the sport of _____ during the _____ academic year.

[illegible]

I affirm that the student-athletes listed above have been certified in accordance with NCAA requirements.

Certifying Official	Date
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Athletics Director
Date

Compliance Administrator

Date

Head Coach
Date

PLAYING AND PRACTICE SEASON DECLARATION**17.1.2 Segments of Playing Season****Traditional Segment:** The portion of the playing season that concludes with the NCAA championship.**Nontraditional Segment:** The remaining portion of the playing season.**Sport:** _____**Fall Sports (other than football).**

Length of the playing season shall not exceed 18 weeks:

Preseason Practice Start Date: _____

First Date of Competition: _____

Traditional Segment From: _____ To: _____ Weeks Used: _____

Nontraditional Segment From: _____ To: _____ Weeks Used: _____

Winter Sports.

Length of the playing season shall not exceed 19 weeks:

First Date of Competition: _____

Traditional Segment From: _____ To: _____ Weeks Used: _____

Nontraditional Segment From: _____ To: _____ Weeks Used: _____

Spring Sports.

Length of the playing season shall not exceed 19 weeks:

First Date of Competition: _____

Traditional Segment From: _____ To: _____ Weeks Used: _____

Nontraditional Segment From: _____ To: _____ Weeks Used: _____

Football.

Five-day Acclimatization Start Date: _____

Preseason Practice Start Date: _____

First Date of Competition: _____

Strength and Conditioning Period: _____

PLAYING AND PRACTICE SEASON DECLARATION
PAGE TWO

MINIMUM/MAXIMUM NUMBER OF CONTESTS/DATES OF COMPETITION

- 1. The minimum number of contests or dates of competition: _____.
 - a. If individual sport, the minimum number of participants required to count the contest: _____.
- 2. The maximum number of contests or dates of competition: _____.
- 3. The number of contests or dates of competition for the _____ academic year is _____.

By signing and dating this form, you attest that to the best of your knowledge, the above information is accurate and if any changes are made, the compliance administrator shall be notified immediately.

Signature of Head Coach

Date

Signature of Director of Athletics

Date

Signature of Compliance Administrator

Date

PROCEDURES FOR RULES VIOLATIONS AND INVESTIGATIONS

1. Appropriate institutional official should be notified of the violation.

Designated Institutional Official (e.g., compliance coordinator) to be notified:

Name: _____

2. Institution Investigation.

The designated university official will determine if the violation is a Level I or II secondary violation. Level II violations are considered either de minimis (do not affect eligibility) or restitution (eligibility reinstated on repayment of the value of the impermissible benefit to a charity, but need not go through the formal reinstatement process) or all inadvertent, isolated violations of the operating bylaws not listed as Level I. The institution and conference may take additional actions should they choose to do so. The institution shall submit secondary violations (Level I and/or Level II) to the institution's conference office or the NCAA enforcement services staff as they are discovered or submit annual confirmation that the institution did not commit any secondary violations.

3. Send violation report to the conference and NCAA enforcement services.

The designated university official will notify and distribute report to:

- * Director of Athletics
- * Senior Woman Administrator
- * Faculty Athletics Representative
- * University President
- * Conference Commissioner

Full report will include:

- * Statement of Bylaw violated
- * Date of violation and individuals involved
- * Details of violation and reason occurred
- * Preventive and punitive actions

4. NCAA response to the violation.

After receiving the NCAA response, the designated institutional official will discuss the actions taken with involved personnel and monitor any corrective actions which are necessary.

SELF-REPORT OF NCAA SECONDARY VIOLATION



Institution: _____

Sport: _____

Rule(s) Involved: NCAA: _____

Conference: _____

Date/Location of Violation: _____

Involved Individual(s) (including student-athletes or prospects):

☐ **Level 1 (report immediately)**☐ Eligibility of involved student-athletes / prospective student-athletes affected☐ **Level 2 (report annually)**☐ De minimis (does not affect student-athlete's eligibility)☐ Restitution (student-athlete's eligibility reinstated upon repayment of the value of the impermissible benefit to a charity, but need not go through the reinstatement process)

Facts of the Case (Attach all necessary documentation):

What occurred:

Reason(s) for violation (include any mitigating factors) and how violation was discovered:

Statement indicating whether the institution is seeking reinstatement of eligibility (include names):

Institution's response (including self-imposed sanctions or disciplinary action(s)):

Signature and Title_____
Date

FOREIGN TOUR CERTIFICATION FORM

This form is to certify that according to NCAA bylaw 30.7 we have met all requirements put forth by the NCAA and have formally certified this foreign tour opportunity.

Sport: _____

Head Coach: _____

Coach's Contact Information During Tour: _____

Dates of Tour: _____

Foreign Tour Destination: _____

When was the last time your team participated in a foreign tour and what was the location of the tour?

Is this tour scheduled during an official vacation period published in the college catalog? **YES** **NO**

Please list all student-athletes who will be participating in the foreign tour.

_____	_____
_____	_____
_____	_____
_____	_____

For Compliance Officer: Are all student-athletes listed above certified as eligible for participation in the tour? Y N

Please list any other individuals who will be going on the foreign tour and their relationship to the college or sport.

NAME

RELATIONSHIP

_____	_____
_____	_____
_____	_____

Please list all opponents and dates of competitions associated with the tour. Teams are limited to three football games, 10 basketball games or 10 contests or dates of competition in any other sport. Opponents cannot be other American teams, except those composed of U.S. armed forces personnel stationed at U.S. military bases in foreign countries.

OPPONENT

DATE

OPPONENT

DATE

_____	_____	_____	_____
-------	-------	-------	-------

Not more than 10 days of practice are permitted before departure. The 10 days of practice are not required to occur on consecutive days, provided extenuating circumstances exist (e.g., final exams, convocation, summer class schedules, summer employment, etc.) that affect the institution's ability to conduct 10 days of practice in the 10 days immediately before departure and all practice days are conducted during the 20 calendar days immediately prior to the foreign tour departure date. Only student-athletes who will accompany the team on the foreign tour are permitted to participate in the 10 practice days.

Will you be conducting organized practice activities prior to departure? **YES** **NO**

If yes, please list the dates: _____

The following restrictions apply to expenses:

- a. Per diem – The institution may provided \$20 cash per day, per student-athlete to cover unitemized incidental expenses incurred in connection with the foreign tour. This expense allowance may be provided for each day of the tour, up to a maximum of 21 days.
- b. Post-Tour Stay – The institution may not provided transportation expenses to return home for student-athletes who choose to remain in the foreign country after the foreign tour is completed.
- c. Passports – The institution may purchase passports for student-athletes that are required for travel in connection with the foreign tour, and student-athletes may retain ownership of the passport. The institution may also provided reasonable local transportation to obtain the passport.

Signature of Head Coach: _____

Date: _____

Signature of Compliance Officer: _____

Date: _____

Signature of Athletic Director: _____

Date: _____