



ABC University

Four-Year College Transfer Tracer Form

Date: From: ABC University Fax: (123) 456-0000

To: Fax:

The student-athlete listed below has initiated contact with our athletics department asking us to seek his/her release from your instituion per NCAA Bylaws 13.1.1.2 (four-year college prospective student-athletes) and 14.5.5.3.9 (one-time transfer exception).

Student-Athlete:

Student ID/
Social Security:

Sport:

Date of entrance at your institution:Last term attended (full time) at your institution:

Number of semesters/quarters attended:Full-time semesters/quarters:Part-time semesters/quarters:

Please circle the classification of your institution: NCAA DivisionI II III NAIA

- Please respond to the following questions and return this form at your earliest convenience.

Please Circle One
1. The student-athlete may speak with a member of our athletics staff?

YES NO
2. Has this student-athlete ever transferred from any other institution?
Two-year: Four-year:

If yes, please list: YES NO
3. Is/was this student-athlete in good athletics standing at your institution?
(Bylaw 14.5.1.2)

YES NO
4. Did this student-athlete pass six degree-applicable credit hours in the last semester/quarter of full-time enrollment?

YES NO
5. Has he/she fulfilled the progress-toward-degree requirements?
The transferring student-athlete must be one who would have been eligible had he/she remained at your institution.

YES NO
6. Did this student-athlete sign a National Letter of Intent (NLI)?
Did this student-athlete meet their obligation under the terms of the NLI?

YES NO YES NO
7. Was this student-athlete a qualifier, partial qualifier or nonqualifier? (please circle one)
8. Do you have any objections to granting the one-time transfer exception to this student-athlete?

YES NO

<input type="checkbox"/> Student-athlete did not practice or compete at your Institution.				
Sport	Semester/ Quarter	Year	Status During the Semester/Quarter	Athletics Aid
			<input type="checkbox"/> Practiced <input type="checkbox"/> Competed <input type="checkbox"/> Redshirt <input type="checkbox"/> Hardship	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Practiced <input type="checkbox"/> Competed <input type="checkbox"/> Redshirt <input type="checkbox"/> Hardship	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Practiced <input type="checkbox"/> Competed <input type="checkbox"/> Redshirt <input type="checkbox"/> Hardship	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Practiced <input type="checkbox"/> Competed <input type="checkbox"/> Redshirt <input type="checkbox"/> Hardship	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Practiced <input type="checkbox"/> Competed <input type="checkbox"/> Redshirt <input type="checkbox"/> Hardship	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Practiced <input type="checkbox"/> Competed <input type="checkbox"/> Redshirt <input type="checkbox"/> Hardship	<input type="checkbox"/> Yes <input type="checkbox"/> No

INSTITUTION:

PHONE:

NAME:

TITLE:

SIGNATURE:

DATE:

Assistant Athletics Director for Compliance
Athletics Department
ABC University
Phone: (123) 456-7890
Fax: (123) 456-0000