



ABC University

Two-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 and is interested in the possibility of transferring to ABC University. The information requested below is needed to determine the student-athlete's athletics eligibility.

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

1. Has this student-athlete ever transferred from any other institution (two-year or four-year institution)? Please Circle One YES NO
If yes, please list:
2. Is/was this student-athlete in good academic standing at your institution? YES NO
3. Is the student-athlete on disciplinary suspension at your institution? YES NO
4. Is the student-athlete eligible to return to your institution? YES NO
5. Did the student-athlete earn a degree? YES NO
If yes, what degree: Date degree conferred:
6. Did this student-athlete pass six degree applicable credit hours in the last semester/quarter of full-time enrollment? 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
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Fax: (123) 456-0000