

**APPLICATION FOR RECLASSIFICATION FROM
FOOTBALL CHAMPIONSHIP SUBDIVISION (FCS) TO
FOOTBALL BOWL SUBDIVISION (FBS)**

Date: _____

Name of institution: _____

Institution's Address: _____

City and State: _____ Zip Code: _____

Chief executive officer: _____

Title and Address: _____

Telephone: _____ Facsimile: _____

E-mail address: _____

Individuals who are authorized to request interpretations on behalf of a member institution are the chief executive officer (or designee), faculty athletics representative, athletics director (or designee), senior woman administrator and the compliance coordinator.

Please complete the following:

Compliance coordinator: _____

Title and Address: _____

Telephone: _____ Facsimile: _____

E-mail address: _____

Most compliance-related forms will be forwarded to only one of the aforementioned five people. Please indicate who should receive these forms: _____

Total full-time undergraduate enrollment for current semester or term (not including extension or evening students): _____

Men: _____

Women: _____

Indicate your institution's classification:

Public: _____

Private: _____

Does your institution offer at least one four-year (or two-upper level) curriculum leading to a Bachelor of Arts or Bachelor of Science degree? _____

What regional agency has accredited your institution? _____

Is your institution a member of another intercollegiate athletics associations? (If so, please list them.)

Men: _____

Women: _____

Has your institution previously submitted a membership application to the NCAA?

Yes: _____

No: _____

If yes, what was the date of your application: _____

List the Football Bowl Subdivision (FBS) athletics conference in which your institution has accepted membership and the sports in which you will compete in that conference:

Men: _____

Women: _____

List the number of years in which your institution has been classified as an active FCS member:



Faculty Athletics Representative:

Director of Athletics:

Signature

Signature

Printed

Printed

Date

Date

Senior Woman Administrator:

Chief Executive Officer:

Signature

Signature

Printed

Printed

Date

Date

**PLEASE SEND COMPLETED FORM, STRATEGIC PLAN (PER NCAA BYLAW 20.4.2.1)
AND A CHECK IN THE AMOUNT OF \$5,000 FOR PAYMENT OF THE APPLICATION
FEE AND TO:**

Steve Mallonee
NCAA Academic and Membership Affairs
NCAA – P.O. Box 6222 – Indianapolis, Indiana 46206-6222
Phone: 317/917-6222 – Facsimile: 317/917-6622

