North Central Conference
Transfer Work Sheet

_____ _____ _____

Student Athlete SSN Sport

Institution that S/A is transferring to:_____

Our determination is that this student athlete has _____ seasons of competition remaining

Number of semesters remaining? _____

Eligible beginning: Term_____ Year_____

Do they need to put in a year of residence at your institution? Yes☐No☐

NCAA Bylaw for eligibility/non-eligibility _____

We certify the above statements are correct and complete in all respects as based on the information at our institution.

Signature of person completing this form:_____

Title: _____Date_____

Approved by:

Director of Athletics: _____Date_____

Institutional Representative: _____Date_____

Please **attach a copy of 2-Year or 4-Year Reporting Form to Determine Athletic Eligibility** and return to the North Central Conference Office.

To be completed by the North Central Conference Office

_____ Season of competition to be completed in _____ semesters residence.

Eligible beginning Term:_____Year:_____.

Additional Comments

Signature:_____ Date: _____