

Player Certification Form

College/University Name: _____
 Team Rep: _____ Phone: (____) ____-____ Email: _____
 Name of IM/Sport Club Director approving team entry: _____ Phone: (____) ____-____
 Signature of IM/Sport Club Director approving team entry: _____ Email: _____

Date of term is the same term Qualifying event was held. The minimum requirement for eligibility is 1/2 time for undergraduate students and 6 credit hours for graduate students..

This original form must be delivered to CGA by Friday 11/6 for your entry to be considered complete.

To be filled out by registrar or IM Director

	Player's Name/Signature	Student ID#	UG/GR Classification	Current credits/units
1			UG/GR	
2			UG/GR	
3			UG/GR	
4			UG/GR	
5			UG/GR	
6			UG/GR	
7			UG/GR	
8			UG/GR	
9			UG/GR	
10			UG/GR	

Please verify the above information and draw a line after the last name verified.
 I certify that the above _____ (#) listed student-athletes are currently enrolled for the above stated credit hours and have paid the appropriate student fees.

Please list your College/University's requirement for full time enrollment = _____ credit hours

 Institution's Registrar or Rec. Sports Director (____) ____-____ Date

