



**2021-22 Division II Championships
Minimum Contest Requirement Waiver Request**

Institution: _____

Conference: _____

Sport: _____

Contests completed as of date of submission: _____

Please complete the following grid with your team's original schedule and outcome.

Contest	Date	Opponent	Was contest completed, cancelled or postponed? If cancelled or postponed, what was the reason for the cancellation/postponement? If cancelled, was there an attempt to reschedule or find another opponent? Provide any applicable detail.
<i>Example</i>	<i>12/2/21</i>	<i>Division II University</i>	<i>Cancelled. Our institution was in COVID-19 protocol. Contest could not be rescheduled due to date conflicts.</i>
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Other pertinent information regarding your waiver request:

Director of Athletics signature (required): _____ **Date:** _____