



Division III Men's and Women's Regional Diving Information Form

Qualifying Student-Athlete Name

First: _____ Last: _____

Sex: ☐ Male ☐ Female

Regional: ☐ Central ☐ Midwest-South-West ☐ Northeast-North ☐ Northeast-South

Name of Institution: _____

Diving Coach: _____

Diving Coach Email: _____

Diving Coach Office #: _____

Diving Coach Cell #: _____

Diving Coach Total Years Experience: _____ Diving Coach Years at Current Institution: _____

Head Swim Coach: _____

Head Swim Coach Email: _____

Head Swim Coach Office #: _____

Head Swim Coach Cell #: _____

Qualifying Scores (Must match the qualifying scores that are being sent in with this form)

6 Dives

1 Meter (Score 1) _____ Date _____ (Score 2) _____ Date _____

3 Meter (Score 1) _____ Date _____ (Score 2) _____ Date _____

11 Dives

1 Meter (Score 1) _____ Date _____ (Score 2) _____ Date _____

3 Meter (Score 1) _____ Date _____ (Score 2) _____ Date _____

This form, along with the signed qualifying diving sheets, must be sent to Lewis Fellingner:
divencd@gmail.com

DEADLINE: 8 p.m., Eastern time, February 23, 2026