



Form 19-5g

Academic Year: 2019-20

NCAA Division II Instructions for Eligibility List

- For:** NCAA Division II institutions; NCAA Division III institutions with multidivision classification.
- Action:** Complete appropriate eligibility checklist for each sport and file in the director of athletics' office.
- Due Date:** First day of outside competition in the sport.
- Required by:** NCAA Division II Bylaw 14.11.2.
- Purpose:** To assess student-athlete eligibility.

Column on Form

Name/ID Number

Instructions

Type or print the name and ID number of each student-athlete in the specified sport. Include partial qualifiers, nonqualifiers and students who are fulfilling a transfer-residence requirement or an injury-hardship waiver.

[Note: Any student-athlete who is included on the eligibility lists must have signed a Drug-Testing Consent Form pursuant to Bylaw 14.1.4. See Bylaws 14.1.4.1, 14.11.2, 14.11.2.1 and 14.11.3.]

Initial Eligibility

Term First Enrolled at Any Institution

Indicate the term and year of the regular academic year (excluding summer) that the student-athlete first enrolled at any collegiate institution full time. Use **F** for fall, **W** for winter and **S** for spring.

Term First Enrolled at Your Institution

Indicate the term and year of the regular academic year (excluding summer) that the student-athlete first enrolled at your institution full time. Use **F** for fall, **W** for winter and **S** for spring.

Qualification Status

Indicate the student-athlete's initial-eligibility qualification status. Use **Q** for qualifier, **PQ** for partial qualifier and **NQ** for nonqualifier.

IE Waiver

Did the student-athlete receive an approved initial-eligibility waiver? Use **Y** for yes and **N** for no.

Amateurism

Indicate the individual's amateurism certification status. Use **FC** for final certified, **CC** for certified with conditions and **NC** for not certified.

Transfer

Indicate whether the student-athlete is a transfer? Use **Y** for yes and **N** for no.

Residence Requirement

If the student-athlete is a transfer, indicate whether he or she satisfies the transfer requirements and/or meets an exception to the transfer year in residence. Use **Y** for yes and **N** for no.

Continuing Eligibility

Academic Standing

Indicate whether the student-athlete is currently in good academic standing as defined by your institution. Use **Y** for yes and **N** for no.

Progress-Toward-Degree Requirements

Indicate whether the student-athlete satisfies progress-toward-degree requirements (e.g., 18/27, 24/36). Use **Y** for yes and **N** for no.

Cumulative Grade-Point Average

Indicate the student-athlete's cumulative grade-point average.

Degree Declared

Indicate the date in which a student-athlete declared his or her degree. Use **N/A** for a student-athlete that has not yet declared a major.

Nine-Semester /Eight-Quarter Hours

Indicate whether the student-athlete meets the nine-semester/eight-quarter credit-hour requirement. Use **Y** for yes and **N** for no.

General Eligibility Information

Full Time

Indicate whether the student-athlete is currently enrolled full time. Use **Y** for yes and **N** for no.

Number of Seasons Used

Indicate the number of seasons of competition the student-athlete has used, not including this year. [Note: For student-athletes who do not qualify for four years of competition (e.g., nonqualifiers, partial qualifiers), a notation may be used to indicate the total number of seasons of eligibility available.]

DII Semesters/Quarters Used

Indicate the number of semesters or quarters the student-athlete has used, not including this year.

Medical Exam

Indicate the date of the student-athlete's medical exam or updated medical history.

SA Statement	Indicate whether the student-athlete signed the Student-Athlete Statement. Use Y for yes and N for no.
Drug-Testing Consent	Indicate whether the student-athlete signed the Drug-Testing Consent Form. Use Y for yes and N for no.
Certified for Practice	Indicate the date the student-athlete was certified as eligible for practice. If the student-athlete was not certified as eligible for practice, leave this section blank.
Certified for Financial Aid	Indicate the date the student-athlete was certified as eligible for financial aid. If the student-athlete was not certified as eligible for financial aid, leave this section blank.
Certified for Competition	Indicate the date the student-athlete was certified as eligible for competition. If the student-athlete was not certified as eligible for competition, leave this section blank.
Change in Status	Use these two columns to indicate a student-athlete's change in status during the academic year (i.e., student-athlete is no longer an active participant in the sport). Indicate a reason for a change in status as follows:
Reason	<ol style="list-style-type: none">1. Cut or dismissed from team;2. Exhausted eligibility in the sport;3. Graduated;4. Medical exception resulting from career-ending injury or condition;5. Quit the team; or6. Withdrew. <p>Use C for cut or dismissed, E for exhausted eligibility, G for graduated, M for medical exception, Q for quit the team and W for withdrew from institution.</p>
Date	Indicate the effective date of the change in status.

2019-20 Eligibility Checklist

Page _____ of _____

Sport: _____

All NCAA Division II Sports

Institution: _____ City: _____ State: _____

Name/ID Number	Initial Eligibility/Transfer							Continuing Eligibility						General Eligibility										
	Term first enrolled		Qualification Status	IE Waiver	Amateurism	Transfer	Residence Requirement	Academic Standing	PTD Requirements	Cumulative GPA	Degree Declared	Nine-Semester/Eight- Quarter Hours	PTD Waiver	Full Time	Seasons Used	DII S/Q Used	Medical Exam	SA Statement	Drug-Testing Consent	Cert. Practice	Cert. Financial Aid	Cert. Competition	Change in Status	
	Any Institution	Your Institution																					Reason	Date

Form completed by: _____
Signature Title

Phone: _____ Date: _____

Form approved by: _____
Signature (Director of Athletics) Title

Phone: _____ Date: _____

Form approved by: _____
Signature (Head Coach) Title

Phone: _____ Date: _____

Form approved by: _____
Signature Title

Phone: _____ Date: _____