Form 20-5g

Academic Year: 2020-21



NCAA Division II Instructions for Eligibility List

For: NCAA Division II institutions: NCAA Division III institutions with multidivision classification. Complete appropriate eligibility checklist for each sport Action: and file in the director of athletics' office. First day of outside competition in the sport. **Due Date: Required by:** NCAA Division II Bylaw 14.11.2. To assess student-athlete eligibility. **Purpose:** <u>Column on</u> Form Instructions Name/ID Number Type or print the name and ID number of each studentathlete in the specified sport. Include partial qualifiers, nonqualifiers and students who are fulfilling a transferresidence 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 and 14.11.2.1.] **Initial Eligibility Term First Enrolled at Any** Indicate the term and year of the regular academic year (excluding summer) that the student-athlete first enrolled at Institution any collegiate institution full time. Use F for fall, W for winter and **S** for spring. **Term First Enrolled at Your** Indicate the term and year of the regular academic year Institution (excluding summer) that the student-athlete first enrolled at your institution full time. Use F for fall, W for winter and **S** for spring. Indicate the student-athlete's initial-eligibility qualification **Qualification Status** status. Use **Q** for qualifier, **PQ** for partial qualifier and **NQ** for nonqualifier. **IE Waiver** Did the student-athlete receive an approved initialeligibility waiver? Use Y for yes and N for no. Indicate the individual's amateurism certification status. Amateurism Use FC for final certified, CC for certified with conditions and NC for not certified. Indicate whether the student-athlete is a transfer? Use **Y** Transfer for yes and N for no.

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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 $\mathbf{Y}$ for yes and $\mathbf{N}$ for no.
Continuing Eligibility	
Academic Standing	Indicate whether the student-athlete is currently in good academic standing as defined by your institution. Use <b>Y</b> for yes and <b>N</b> for no.
Progress-Toward-Degree Requirements	Indicate whether the student-athlete satisfies progress-toward-degree requirements (e.g., $18/27$ , $24/36$ ). Use <b>Y</b> for yes and <b>N</b> 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.
<b>General Eligibility Information</b>	
Full Time	Indicate whether the student-athlete is currently enrolled full time. Use $\mathbf{Y}$ for yes and $\mathbf{N}$ 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.

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SA Statement	Indicate whether the student-athlete signed the Stud Athlete Statement. Use <b>Y</b> for yes and <b>N</b> for no.							
<b>Drug-Testing Consent</b>	Indicate whether the student-athlete signed the Drug Testing Consent Form. Use <b>Y</b> for yes and <b>N</b> for no.							
Certified for Practice	Indicate the date the student-athlete was certified as eligi for practice. If the student-athlete was not certified 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	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; or							
	6. Withdrew.							
	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.							
Date	Indicate the effective date of the change in status.							

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2020-21 Eligibility Checklist

Sport: \_\_\_\_\_

All NCAA Division II Sports

Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Name/ID Number	Initial Eligibility/Transfer						Continuing Eligibility						General Eligibility											
	Term first enrolled		atus					ling	ents	A	I	Jight-							onsent		Aid	on	Change in Status	
	Any Institution	Your Institution	Qualification Status	IE Waiver	Amateurism	Transfer	Residence Requirement	Academic Standing	PTD Requirements	<b>Cumulative GPA</b>	Degree Declared	Nine-Semester/Eight- Quarter Hours	PTD Waiver	Full Time	Seasons Used	DII S/Q Used	<b>Medical Exam</b>	SA Statement	Drug-Testing Consent	Cert. Practice	Cert. Financial Aid	Cert. Competition	Reason	Date
Form completed by:						Title			Phone: Date:															
Form approved by:	-							Title				Phone: Date:												
Form approved by:	-						Title				Phone: Date:													
Form approved by:								Title					Phone: Date:											