Form 25-5g Academic Year: 2025-26

NCAA Division II Instructions for Eligibility List

NCAA_®

For: NCAA Division II and Division III institutions with

multidivisional 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 14.1.2.2. **Purpose:** To assess student-athlete eligibility.

<u>Column on Form</u> <u>Instructions</u>

Name/ID Number

Type or print the name and ID number of each student-

athlete in the specified sport. Include partial qualifiers and students who are regaining eligibility after transferring or

fulfilling a medical hardship waiver.

[Note: Any student-athlete who is included on the eligibility lists must have signed a Drug-Testing Consent Form pursuant to Bylaw 7.3.1.5.9. [See Bylaws 7.3.1.5.9.1,

14.1.2.2 and 14.1.2.2.1]

Initial Eligibility

Institution

Institution

Term First Enrolled at Any 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 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 and **PQ** for partial qualifier.

IE Waiver Did the student-athlete receive an approved initial-

eligibility waiver? Use Y for yes and N for no.

Amateurism Certification Status 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.

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Transfer Requirements If the student-athlete is a transfer, indicate whether they

satisfy the transfer requirements. 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., 9/8, 24/36)1. 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 on which a student-athlete declared their

degree. Use N/A for a student-athlete that has not yet

declared a major.

semester/eight-quarter credit-hour requirement. Use Y for

yes and N for no.

Progress-Toward-Degree Waiver Indicate whether the student-athlete received a progress-

toward-degree waiver or whether the institution selfapplied relief for the student-athlete by way of the NCAA Division II Progress-Toward-Degree Waiver Subcommittee Previously Approved Waiver Checklist. 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.

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.

¹ The 18/27 credit hour requirement was eliminated with Proposal No. 2025-3.

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Student-Athlete 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

- 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.

2025-26 Eligibility Checklist All NCAA Division II Sports

Pageof	Sport:	rt:					
Institution:	City:	State:					

	I	nitial	Eligi	bility	//Tran	sfeı	r		Continuing Eligibility General Eligibility															
Name/ID Number	Terr first enroll	rm rst			IS		nents	60	S			ght-							sent		1		Cha ii Sta	n
	Any Institution	Your Institution	Qualification Status	IE Waiver	Amateurism Certification Status	Transfer	Transfer Transfer Requirements	Academic Standing	PTD Requirements	Cumulative GPA	Degree Declared	Nine-Semester/Eight- Quarter Hours	PTD Waiver	Full Time	Seasons Used	S/Q Used	Medical Exam	SA Statement	Drug-Testing Consent	Cert. Practice	Cert. Financial Aid	Cert. Competition	Reason	Date

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Form approved by:		Phone:	Date:
Signature	Title		
Form approved by:		Phone:	Date:
Signature (Director of Athletics)	Title		
Form approved by:		Phone:	Date:
Additional Signature (Head Coach)	Title		
Form approved by:		Phone:	Date:
Additional Signature	Title		