

# State University Transfer Tracer

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

Student-Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_

The above referenced student has requested a transfer to **State University** to compete in the sport indicated. We would appreciate your cooperation in completing and returning this form at your earliest convenience in order to provide us information specific to this student's eligibility and intercollegiate history. A **Fax** reply to **XXX-XXX-XXXX** is greatly appreciated.

## General Information

1. Do we have permission to contact this SA pursuant to NCAA Bylaw 13.1.1.2? ☐ Yes ☐ No
2. Dates SA attended your institution: Start (Term/Year): \_\_\_\_\_ End (Term/Year): \_\_\_\_\_
3. List the number of semester/quarters (circle one) SA was enrolled full-time: \_\_\_\_\_
4. Did SA previously transfer from another institution to your institution? ☐ Yes ☐ No  
If yes, which institution(s)? \_\_\_\_\_
5. Was SA recruited by your institution as defined by Bylaw 13.02.10.1? ☐ Yes ☐ No
6. Did SA sign a National Letter of Intent to attend your institution? ☐ Yes ☐ No  
If yes, did SA fulfill NLI requirements? ☐ Yes ☐ No

## Eligibility History

7. Did SA receive a final academic certification from the NCAA Eligibility Center? ☐ Q ☐ PQ ☐ NQ ☐ No  
If a partial qualifier or nonqualifier, was an initial eligibility waiver granted for SA? ☐ Yes ☐ No
8. Did SA receive a final amateurism certification from the NCAA Eligibility Center? ☐ Yes ☐ No  
If certified with conditions, has SA met all applicable conditions? ☐ Yes ☐ No
9. Upon departure, was SA in good academic standing at your institution? ☐ Yes ☐ No
10. Upon departure, was SA meeting all applicable progress toward degree requirements? ☐ Yes ☐ No

## Transfer Exceptions

11. Is SA under any disqualification or suspension for a disciplinary reason per Bylaw 14.5.1.1? ☐ Yes ☐ No
12. Is SA ineligible due to a positive NCAA drug test? ☐ Yes ☐ No
13. Is SA currently eligible to compete in athletics at your institution? ☐ Yes ☐ No
14. Should SA qualify, does your institution grant the use of the one-time transfer exception? ☐ Yes ☐ No ☐ N/A
15. Has SA's sport been discontinued at your institution? ☐ Yes ☐ No
16. Has SA's academic program been discontinued at your institution? ☐ Yes ☐ No

## Participation History

17. Did SA participate (beyond a 14-day tryout period) in intercollegiate athletics at your institution? If yes, please complete chart below. ☐ Yes ☐ No

Sport	Year	Participation (Practice or Compete)	Received Athletic Aid

18. Was SA granted a medical hardship at your institution or any previous institution(s)? ☐ Yes ☐ No

Name of person completing form: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Please fax or e-mail form to State University Compliance, at XXX-XXX-XXXX**