

# APPLICATION FOR DIVISION I MULTIDIVISIONAL MEMBERSHIP – RECLASSIFICATION OF SPORT OF THE OPPOSITE GENDER

Institutions are required to submit the application electronically (i.e., flash drive or CD). The application and supporting materials must be submitted in a single bookmarked PDF document. Please do not include photographs in your application materials.

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

NOTE: This form is only for Division II or Division III institutions that had one sport classified in Division I during the **2010-11** academic year.

Name of institution: \_\_\_\_\_

Current NCAA Status: \_\_\_\_\_

Sport (other than football or basketball) for which your institution is seeking Division I status: \_\_\_\_\_

Institution's Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Chief executive officer: \_\_\_\_\_

Title and Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email address: \_\_\_\_\_

Individuals who are authorized to request interpretations on behalf of a member institution are the chief executive officer (or designee), faculty athletics representative, athletics director (or designee), senior woman administrator and the compliance coordinator.

Please complete the following:

Compliance coordinator: \_\_\_\_\_

Title and Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email address: \_\_\_\_\_

Most compliance-related forms will be forwarded to only one of the aforementioned five people.  
Please indicate who should receive these forms: \_\_\_\_\_

Total full-time undergraduate enrollment for current semester or term (not including extension or evening students): \_\_\_\_\_

Men: \_\_\_\_\_

Women: \_\_\_\_\_

Indicate your institution's classification:

Public: \_\_\_\_\_

Private: \_\_\_\_\_

What regional agency has accredited your institution? \_\_\_\_\_

Is your institution a member of another intercollegiate athletics associations? (If so, please list them.)

Men: \_\_\_\_\_

Women: \_\_\_\_\_

Has your institution previously submitted a membership application for Multidivisional status?

Yes: \_\_\_\_\_

No: \_\_\_\_\_

If yes, what was the date of your application: \_\_\_\_\_

List all athletics conferences of which your institution is a member:

Men: \_\_\_\_\_

\_\_\_\_\_

Women: \_\_\_\_\_

\_\_\_\_\_

Number of varsity sports currently sponsored (men/women):

Men: \_\_\_\_\_

Women: \_\_\_\_\_



**Faculty Athletics Representative:**

**Athletics Director:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Senior Woman Administrator:**

**Chief Executive Officer:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE SEND COMPLETED FORM, STRATEGIC PLAN (PER NCAA BYLAW 20.4.1.1.1)  
IN A SINGLE ELECTRONIC BOOKMARKED PDF DOCUMENT AND A CHECK IN THE  
AMOUNT OF \$10,000 FOR PAYMENT OF THE APPLICATION FEE TO:**

Steve Mallonee or Jen Roe  
NCAA Academic and Membership Affairs  
NCAA – P.O. Box 6222 – Indianapolis, Indiana 46206-6222  
Phone: 317/917-6222 – Facsimile: 317/917-6622

