

# APPLICATION FOR RECLASSIFICATION FROM FOOTBALL CHAMPIONSHIP SUBDIVISION TO FOOTBALL BOWL SUBDIVISION

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: \_\_\_\_\_

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

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 Football Bowl Subdivision status?

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

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

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

Number of varsity sports sponsored (men/women):

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

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

List the Football Bowl Subdivision athletics conference in which your institution has accepted membership and the sports in which you will compete in that conference:

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

\_\_\_\_\_

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

\_\_\_\_\_

List the number of years in which your institution has been classified as an active Football Championship Subdivision member: \_\_\_\_\_.



**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 20.4.2.1.2)  
IN A SINGLE ELECTRONIC BOOKMARKED PDF DOCUMENT AND A CHECK IN THE  
AMOUNT OF \$5,000 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

