

PROGRESS TOWARD DEGREE WAIVER APPLICATION
ATLANTIC 10 CONFERENCE

(See Bylaw 14.4.3.6 in NCAA Division I Manual)

Student-Athlete: _____

Institution: _____

Date of initial collegiate enrollment (at any institution): _____

Date of initial collegiate enrollment (at certifying institution): _____

Number of semesters or terms of full-time enrollment: _____

Specific semester(s) or term(s) for which waiver is being requested: _____

Type of waiver requested: Medical Absence International Competition

Date of injury or illness: _____

Nature of injury or illness: _____

Name of competition/training program in which the student-athlete participated: _____

Please attach physician's statement(s) , student-athlete's transcript(s) and administrator's explanation.

Signature of Athletics Director, Associate
Athletics Director, Senior Women's
Administrator, Compliance Coordinator or
Faculty Athletics Representative

Date

Conference Action:

Granted

Denied, for the following reason(s): _____

Conference Office Administrator

Date

Please return to: Jackie Campbell
Associate Commissioner
Atlantic 10 Conference
230 South Broad Street, Suite 1700
Philadelphia, PA 19102
Fax: 215-545-3342