

December 12, 2001

Director of Athletics
University of
ADDRESS
CITY, STATE ZIP

Dear Director

PSA's NAME ss#() in the sport of **SPORT** has contacted Murray State University about transferring.

Please complete:

CHECK

1. Dates of attendance at your institution: _____ to _____

2. Did he/she previously transfer from another University or College to your Institution? YES NO

If yes, name the previous Institution: _____

3. Student-Athlete's classification upon entrance at your institution: FR. Soph. Jr. Sr.

4. Years of athletically-related financial aid? Years 0__ .5 __ 1 __ 1.5 __ 2 __ 2.5 __

5. Did the student-athlete participate in your athletics program? YES NO

During which academic years: _____

6. Seasons of Eligibility Used: __ 1 __ 2 __ 3 __ Sport: _____

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7. Redshirt, Medical Hardship or other exception? YES NO

Year utilized and name of exception: _____

8. Membership status of your institution: NCAA Division : _____ Other: _____

9. Was the student a qualifier out of High School per the NCAA Clearinghouse? YES NO

Please include a copy of the Certification document produced by the Clearinghouse (48-C)

Date: _____

Signature of Certifying Officer

Print Name: _____ Title: _____

Thank you for your cooperation and prompt response in this matter.

Sincerely,

Mr. Christian D. Pope
Assistant Director of Athletics/ Compliance
FAX: (270)762-6462