

December 11, 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. May we contact **NAME**? If **NO**, please skip to signature and title. oYES oNO
 2. Dates of attendance at your institution: _____ to _____
 3. Did he/she previously transfer from another University or College to your Institution? oYES oNO
If yes, name the previous Institution: _____
 4. Student-Athlete's classification upon entrance at your institution: o FR. o Soph. o Jr. o Sr.
 5. Years of athletically-related financial aid? Years 0 ___ .5 ___ 1 ___ 1.5 ___ 2 ___ 2.5 ___ 3 ___ 3.5 ___ 4 ___ 4.5 ___ 5 ___
 6. Did he/she meet NCAA satisfactory progress requirements and
would he/she have been eligible to compete if he/she had remained at your Institution? oYES oNO
 7. If qualified, do you grant an exception to the transfer residence requirement? oYES oNO
 8. Was the student-athlete recruited per NCAA 13.02.10.1? oYES oNO
 9. Did this student sign a National Letter-of-Intent with your Institution? oYES oNO
If yes, when was the signing date? _____
 10. Seasons of Eligibility Used: ___ 1 ___ 2 ___ 3 ___ 4 ___ Sport: _____
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 11. Redshirt, Medical Hardship or other exception? oYES oNO
Year utilized and name or exception: _____
 12. Membership status of your institution: NCAA Division : _____ Other: _____
 13. Was the student a qualifier out of High School per the NCAA Clearinghouse? oYES oNO

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

Signature of Certifying Officer Date: _____

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