

SPRING 2010

2010 NCTTA Championships

Intercollegiate Athletics Eligibility Form

Mailing Address: NCTTA 2322 5th Street #204 Santa Monica, CA 90405 Fax: (501) 644-4825 Email: registrar@nctta.org with questions **Participant Instructions:** Complete the section marked *To be Completed by Participant* including the names, student IDs, and signatures for the members of your team (use multiple copies of this form, if needed). Take this form to your school's Registrar Office so that they can verify your player's eligibility.

Deadline: Mail to NCTTA by the Championships Registration Deadline.

This form is for individual (singles) participants in the Championships only. Championships team participants must submit the usual Spring 2010 League and Championships Eligibility form to their Division Director.

To be Completed by Participant				To be Completed by Registrar			
(Check One) Quarter Semester				Undergraduate and graduate student participants have different eligibility requirements**			
Full Name (Please Print)	Student ID No.	Signature*		G for Graduate UG for Undergraduate	Minimum Enrollment (Yes/No)	GPA Requirement? (Yes/No)	
* I authorize inspection of my records for							
NCTTA and I have read and understand the NCTTA Eligibility Rules and Regulations.							

Registrar Instructions: For each of the individual students listed, please verify the student's enrollment status (graduate or undergraduate), and indicate if they meet the minimum enrollment and GPA requirements in the section marked *To be Completed by Registrar*. Fill in the information requested below and stamp with the seal of your institution.

**<u>Undergraduate student</u> participants must be enrolled for a minimum of 6 credit hours per term and meet cumulative GPA of 2.0 out of a 4.0 scale or be in "good standing."

<u>Graduate student</u> participants must be enrolled for a minimum of 4 credit hours per term and meet cumulative GPA of 3.0 out of a 4.0 scale or be in "good standing." *Students in their first semester of enrollment are exempted from the GPA requirement.*

To be Completed by Registrar	College/University
Draw a red line after the last name you verified. How many names did you verify?	Seal
Institution:	
Registrar's Name:	
E-mail: Phone:	_
Signature: Date:	_