



PROGRESS TOWARD DEGREE WAIVER

Student-Athlete's Name _____

Initial Enrollment Any School/Your School _____

Sport _____

Your Institution _____

Term(s) for which waiver is being requested _____

No. of term(s) enrolled Full-Time _____

A. Basis for Waiver Request and Required Documentation *(please check one)*

_____ **International Competition - 14.4.3.6(b)**

_____ **Medical Absence - 14.4.3.6(a)**

- a. Complete academic transcript
- b. Written statement from a representative of the governing body of the sport in which the student-athlete will participate and which describes the nature and duration of his/her involvement.

- a. Complete academic transcript
- b. Written statement and documentation by an appropriate medical professional detailing the injury or illness to the student-athlete or member of student-athlete's immediate family that prevented student-athlete's completion term or caused student-athlete to miss a term.

B. Satisfactory Progress Waiver

Is the institution also requesting a hardship waiver by supplying this information?

YES _____

NO _____ [If yes, please attach applicable form]

Based upon the information submitted and my knowledge of this matter, I certify that this student-athlete meets the criteria of the satisfactory progress legislation and that this request should be granted.

Prepared by: _____

Title: _____

Director of Athletics: _____

Date: _____

Northeast Conference Action:

The satisfactory progress waiver requested above is: Granted _____

Denied _____

_____ Needs Additional Information:

Signature: _____

Date: _____