WEST VIRGINIA INTERCOLLEGIATE ATHLETIC CONFERENCE-OFFICAL ELIGIBILITY CERTIFICATE

ACADEMIC YEAR

Check One
Men's Women's

INSTITUTION _____ SPORT _____ YEAR _____

This form must be postmarked or faxed no later than the date of the first competition.
The date of the first contest (Scrimmage or Regular Season), for the athlete(s) listed _____ Page# _____ of # 1 Page(s)
List date of first day of class this term _____

Section A- GENERAL Complete for all							**Section B- To be completed for all athletes who have: utilized a season of eligibility, completed a year of residence, or are mid-year transfers.**						**Section C- TRANSFER Complete for All Transfer Students**		**Section D- WAIVERS**
1 Social Security No.	**2** Name of Student	**3** Hours enrolled current term	**4** Total terms of full-time attendance including current term. If 5 semesters or more complete column 6	**5** If column 4 is 5 or more, has student declared a major?	**6** Previous seasons of competition at all institutions attended	**7** If a freshman enter yes- must be certified through Clearing-house	**8** GPA		**9** Satisfactory Progress				**10** If a Transfer enter -Yes- Complete Column 11 and complete a *Transfer Information Form* and keep on file	**11** Enter type of transfer: **1**- From another WVIAC college **2**- From a 2 yr. College **3**- 4-2-4 transfer **4**- From another 4 yr. college	**12** If a waiver/exception is being applied, indicate "yes" and complete the appropriate *Exception/Waiver Form* and keep on file.
							GPA courses at this college	GPA for all courses from all colleges, including this college	**A** Hours passed during last two terms	**B** Hours passed during summer school	**C** Total	**D** If column C is less than 24, does the student qualify through averaging method? Yes/No			

The undersigned hereby certify that the students listed above meet all eligibility requirements of the NCAA and the WVIAC and are allowed to represent our institution, in the sport listed, for the academic year or semester listed above. Only those students listed on this form will be permitted to participate.

_____ Coach Date
_____ Compliance Officer Date
_____ Registrar Date
_____ Athletic Director Date
_____ Faculty Athletics Representative Date