



NCCA Championship Eligibility Verification Form
National Collegiate Cycling Association

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www.usacycling.org

PLEASE READ CAREFULLY

The National Collegiate Cycling Association requires qualifying teams to present this rider list at national collegiate championship registration, signed by both the club president (or team captain/coach), the school registrar, and stamped with the school's official seal. Any athletes who do not qualify and spaces not used, should be crossed off the list at the time the registrar signs this form. The NCCA cannot accept incomplete forms.

SCHOOL NAME \_\_\_\_\_

THE REGISTRAR

Please read the following NCCA ELIGIBILITY REQUIREMENTS.

In Order to be eligible to compete at collegiate road, track, mountain bike and/or cyclo-cross national collegiate championships, each athlete must meet minimum enrollment requirements at the time of completion. These requirements include the following, based on the most recent academic term (i.e., deadlines: road-spring session, track-fall session, mountain bike-fall session, cyclo-cross-fall session, freshman-paid session fees). For track nationals, if rider has not started school, verification of tuition payment must be provided.

Undergraduate Students: Students must be enrolled as a "full time student", as defined by the collegiate institution.

Graduate Students: Student must be enrolled as a "full time student", as defined by the collegiate institution. Students meeting these requirements, must be making full time progress towards completion of a graduate degree.

Recent Graduates: Students must have been eligible in the most recent academic term (defined above) and completed the requirements for a graduate or undergraduate degree. In addition this student must provide written verification confirming this status.

Table with 3 columns: STUDENT NAME, STUDENT ID, STUDENT SIGNATURE. Multiple rows of blank lines for data entry.



REGISTRAR I certify that the riders mentioned above are students in good standing, financially, academically, and disciplinary at this institution and meet the eligibility requirements as outlined above. COMMENTS (If a rider does not qualify, indicate reason and delete name from the list.)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_
(Registrar's signature and school's official seal)

CLUB PRESIDENT OR TEAM CAPTAIN I certify that the riders mentioned above are in good standing of this collegiate institutions cycling team.

COMMENTS (If there are any exceptions, please state) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_
Club president (team captain/faculty sponsor)