



Two-Year Transfer Information Form

The University of South Florida is reviewing the NCAA transfer eligibility of the student-athlete below and would appreciate your assistance in providing the information requested. Please return the completed form to our attention

Student: _____

Sport: _____

Institution: _____

1. What is the student's current academic status with the Eligibility Center? Qualifier Nonqualifier Pending
2. What is the student's current amateurism status with the Eligibility Center? Final Certified Pending
3. Does your institution offer both 2-year and 4-year degree programs? Yes No
 - a. If so, please indicate the degree program the student is enrolled in: 2-Year 4-Year
4. List the dates the student was enrolled at your institution: _____ to _____
5. Has the student previously attended another 2 or 4-year institution? Yes No
 - a. If yes, please list the previous institution: _____
6. Please list the student's number of full-time terms and participation history at your institution:

<u>Academic Year</u>	<u># of Full-Time Terms</u>	<u>Sport</u>	<u>Received Athletics Aid?</u>	<u>Practiced At Least 14 Days?</u>	<u>Competed</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Is this student currently or has this student been concurrently enrolled at another institution in which additional credit is expected to be or has been transferred into your institution? Yes No
 - a. If yes, please list the concurrently enrolled institution _____
8. Is the student currently in good academic standing at your institution? Yes No
 - a. If no, please explain: _____
9. Has the student graduated from your institution with an Associates or equivalent degree? Yes No
 - a. When was the degree awarded? _____
10. Please indicate the number of credit hours the student completed in the following subject areas (excluding remedial courses):
 English: _____ Math: _____ Natural/Physical Science: _____
11. Has the student been disqualified or suspended from your institution for disciplinary reasons? Yes No
 - a. If yes, please explain: _____

Name: _____

Title: _____

Signature: _____

Date: _____