



# Student-Athlete Eligibility Transfer Tracking Form

Please complete the following information regarding a recent transfer student-athlete from your college and send back to that NJCAA Member College.

To: \_\_\_\_\_ at \_\_\_\_\_  
Athletic Director College Name

From: \_\_\_\_\_ at \_\_\_\_\_  
Athletic Director NJCAA Member College Name

\_\_\_\_\_ has expressed an interest in participating in athletics or has transferred to our  
**Student-Athlete Name**  
College \_\_\_\_\_ and would like to compete in our \_\_\_\_\_ program.  
**NJCAA Member College Sport(s)**

In order to certify the student-athlete's eligibility status under NJCAA bylaws, we ask your assistance in responding to the following questions.

- Dates/terms the student-athlete attended your institution: \_\_\_\_\_
- Did the student-athlete transfer from another institution to your institution?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Not to my knowledge \_\_\_\_\_  
If "Yes", please list all institution(s): \_\_\_\_\_
- Did the student-athlete receive athletically related financial assistance from your institution during his/her years of attendance?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- Has the student-athlete ever been granted a medical hardship while at your institution or any previous institution?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Not to my knowledge \_\_\_\_\_ If "Yes", please include the season: \_\_\_\_\_
- Did the student-athlete participate during the regular season in intercollegiate athletics at your institution beyond participation in limited pre-season tryouts? (Please select one.)  
Yes: Practiced only \_\_\_\_\_ Yes: Practiced **and** participated in regular season games \_\_\_\_\_  
No: Did not practice **or** participate \_\_\_\_\_ No: Red-shirted \_\_\_\_\_ (Which year? \_\_\_\_\_)
- Did the student-athlete participate on a club team at your college? Yes \_\_\_\_\_ No \_\_\_\_\_
- How many seasons of eligibility has this student-athlete utilized and in what sports at your college? Please include any club participation.  
Sport: \_\_\_\_\_ Number of seasons: \_\_\_\_\_  
Sport: \_\_\_\_\_ Number of seasons: \_\_\_\_\_  
Sport: \_\_\_\_\_ Number of seasons: \_\_\_\_\_

\_\_\_\_\_  
**Print Name of Person Completing Form**

\_\_\_\_\_  
**Title of Person Completing Form**

\_\_\_\_\_  
**Signature of Person Completing Form**

\_\_\_\_\_  
**Date**

\* Do not send this form to the NJCAA National Office. **This form is not a mandatory form for member colleges to utilize**, however if used it should be included with eligibility audits. This form may be sent to any college in any athletic organization: NCAA, NAIA, NJCAA, CCLC, etc. This form will help NJCAA member colleges in answering more questions regarding this student-athlete's eligibility prior to transferring. \*