## **OFFICIAL VISIT REQUEST FORM**\*\*To be completed prior to the scheduled visit\*\*

Coach:	Sport:		
Prospect's Name & Address:			
Dead Periods for your sport:		_	
PSA NCAA ID#:	Date:		
		YES	NO
Is the prospect registered with the NCAA Eligibility Center?			
If so, has the prospect been placed on our Institution Request List?			
Dates and Times of Official Visit:			
Limited to 48 hours on campu			
Limited to 40 hours on campa	3		
Will the prospective student-athlete be provided with:			
Transportation			
Housing			
Meals			
Complimentary Admission			
Entertainment			
Tryout			
Was the (HS) prospect 's sport season finished last term?			
If not, have they completed eligibility in this sport & received written permission from their HS A.D. for this tryout?			
For 2- and 4-year prospects, has their sport season concluded?			
Has the prospective student-athlete (PSA) provided you with a transcript			
which contains a test score from the ACT or SAT?			
Has the prospect been sent the Of	ficial Visit Limitation letter?		0
Please attach a copy of the follow	ing:		
• prospect's transcript with test	score, or separate proof of test score		
• (pre-liminary) itinerary for off	icial visit form		
The requested visit is approved:		YES or	NO
0:		_	
Signature of Athletics Director  Grey greas to be filled out by the	Date Compliance Coordinator		