	Name lool Name	Date				
Dea	ar Director:					
pos	e Lipscomb University spor sible transfer to Lipscomb a ponse to the following ques	and subsequent athlet	ic participation. Po	er NCAA regulati	ons, we would appreciate	
1. 2. 3.	2. Was this student recruited by your institution? (Y or N)					
	Sport	Year	Practice?	Compete?	Redshirt?	
	Sport	Year	Practice?	Compete?	Redshirt?	
	Sport	Year	Practice?	Compete?	Redshirt?	
4.	Did the student-athlete receive athletically related financial assistance? (Y or N) If yes, please list the semester(s) and year(s) aid was awarded: Semester/Year Semester/Year Semester/Year Semester/Year					
5.	Has this student athlete's	sport been dropped?	(V or N) If yes ni	eace list the date:		
	9. Is this student currently enrolled full-time? (Y or N)					
	0. Is this student in good academic standing? (Y or N)					
	1. Would this student have been eligible had he/she remained at your institution? (Y or N)					
12. Does this student meet satisfactory progress requirements for eligibility? (Y or N)						
13.	Do you have any objection if applicable? (Y or N)	n to the student-athlet	te being granted ar	n exception to the	one-time transfer requirer	nent,
Individual completing this form			Title			
Signature						

Thank you for your prompt attention to this inquiry. If you have any questions, please feel free to call our Office of Compliance at (615) 279-5911. Our fax number is (615) 269-1806.