



HUSKIE ATHLETIC COMPLIANCE OFFICE

2-4 Transfer Information Form

Student Information

Student-Athlete: _____ Sport: _____ Date: _____

- Has this student transferred from any other two or 4-year institution? Yes No
If yes, what institution(s)? _____
- When did this student initially enroll at your institution? _____
- List the semesters the student attended your institution: _____
- Has the student completed an average of at least 12 credit hours for each full-time academic term in attendance at your two-year college? Yes No
- Does the student have at least a 2.00 GPA? Yes No
- Did the student receive their Associate of Arts degree (or an equivalent degree)? Yes No
- Please complete the following information if the student participated in athletics at your institution.

<u>Sport Participation</u>	<u>Practiced</u>	<u>Competed</u>	<u>Received Athletics Aid</u>
Sport: _____ Year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sport: _____ Year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sport: _____ Year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Should you have any questions, please e-mail the Huskie Athletic Compliance Office at niurules@niu.edu

Institutional Certification

Name of Institutional Representative: _____ Name of Institution: _____

Title of Representative: _____ Date: _____

By signing below, I certify that the information reported on this form is complete and accurate and that Northern Illinois University has been granted permission to contact the above named student, consistent with NCAA Bylaw 13.1.1.3.

Signature

Date