## \* FOR DII USE ONLY \*

## BEMIDJI STATE UNIVERSITY OFFICIAL VISIT APPROVAL (NCAA Bylaw 13.7)

	COACH CHECKLIST	
<b>COMPLETE PRIOR TO VISIT</b> Please complete and subrpreferably two weeks in advance.	mit this form to the Compliance Office	as soon as the official visit is scheduled,
Sport: Coach:		Date:
Student's Name:	Address:	
Phone:	E-mail:	
Date of Birth:	Eligibility Center ID#:	
Current High School or College:		
TURN IN CHECKLIST TO	COMPLIANCE OFFICE PRIOR	R TO THE VISIT
HS or Prep School prospective student-athletes. TES agency document, high school transcript (official or und Attached On file w/NCAA Eligibility Center On file w/BSU admissions		
2 or 4 yr. transfers – Official or Unofficial copy of college Attached On file w/BSU admissions  IF TRYING OUT - Copy of Medical exam administered w school, 2 or 4 year college prospective student-athlete's partic is accepted by the prospective student-athlete's institution for Division II institution is conducted.  Attached	vithin the past 6 months of tryout dat ipation in practice, competition or out-c	<b>e</b> or within six months prior to a senior high of-season conditioning activities only provided it
	VISIT INFORMATION	
On Campus Information		
Date of Arrival on Campus	Time	
Date of Departure from Campus	Time	
Transportation paid? None Air	Bus Other	
Lodging paid? Yes No		
Off-campus lodging location Visitor Names		
On-campus lodging location		
Name of Student Host		
Complimentary Admissions needed (max of 3 per event	t on-campus)? Yes No	
Which Events		_
		OAC office was only
Coach Signature	Date	OAC office use only:  Added to IRL
Sarah Levesque, Associate AD/SWA	Date	Permission to speak received Outside Dead Period
Approval for Visit Approval for Travel		Not longer than 48 hours.