UNITED STATES POLO ASSOCIATION INTERCOLLEGIATE REGISTRAR VERIFICATION FORM

TO BE COMPLETED BY UNIVERSITY REGISTRAR OFFICE

Due February 11th

	Name of College/		Men or Women Date Completed							
						Circ	le one			
	Student Name in Alphabetical Order (please print legibly)	Student ID #	Date of Birth	Student Signature	Is Student enrolled as a full time student on the main campus? (Y or N)	Is Student an under- graduate? (Y or N)	Is Student a first year non- transfer graduate student? (Y or N)	Date of Student's full- time matriculation at this university:	To your knowledge, was this student enrolled full-time at any other college/universit y prior to matriculation at this institution? (Y or N)	If yes, date o full-time matriculation
1.										İ
2.										1
3.										
4.										<u> </u>
5.										
6.										
7.										
8.										
	To be completed by Particip	oant			To be com	l pleted by Regi	strar			
	THE REGISTR			IIS FORM, AND AFFIX THE CO be mailed or scanned and en				LAYERS' ELIGIBII	LTY.	
USPA Coll • •	egiate Eligibility Rules: A student must be enrolled as a f A student must be an undergradu graduate students must meet all A student may not have reached A student may have five consecueligibility. A student entering active military	uate or first year non-tra other eligibility required his/her 26th birthday p tive years from the time	ansfer graduate ments and have rior to Septemb e of first matricu	student of the college that he/sh participated in his/her college po er 1 st preceding the date of the ir lation, at any college or universit	ne represents, as ver plo program for a m ntercollegiate season ry regardless if the st	rified through the inimum of one ye n for which eligib tudent has transf	college/university ear as an undergra ility is sought. erred to its curren	y's Registrar's offic duate and USPA m t institution, in wh	nember.	
•	A graduating senior in final seme		_		· ·	=			PLACE SEAL B	ELOW
For any qu	uestions about these Eligibility Rule									
	that the above named stude copies were completed by t	_		•	•	-				
Name of F	ame of Registrar (please print)		Signature		 Date	Date				

Phone #

Email