SCSU ATHLETIC DEPARTMENT OFFICIAL VISIT FORM

DIRECTIONS: Complete and return with **TEST SCORES** (DI & DII) and a copy of current **TRANSCRIPT** (DI Only) to Compliance Coordinator **PRIOR** to Official Visit.

Sport: _____ Date:_____

Prospect's Name: _____ NCAA Eligibility Center ID#:_____

Proposed Date of Visit: _____ to _____ Date of Birth: _____

Prospect Status: (mark one) _____ High School Senior _____ 2-Year Transfer _____ 4-Year Transfer

PART I: For All Prospects

* This is the only expense paid visit to SCSU for this prospect during their Senior year or post High School period. ___ Yes ___ No

* Does the prospects visit to SCSU exceed the allowable five visits? (Division I ONLY) ___ Yes ___ No

PART II – For High School Prospects Only

* This visit date takes place after the opening day of classes of their Senior Year. ___ Yes ___ No

OR

* This visit takes place after OCTOBER 15th following the prospect's completion of High School. ___ Yes ___ No

_____ _____

Coaches Signature Date

(To be completed by Compliance Office)

Test Scores Attached ___ Yes ___ No Date Received _____

Test Scores at Eligibility Center ___ Yes ___ No

Transcripts Attached ___ Yes ___ No ___ Not Required

NCAA Eligibility Center IRL Activated: ___ Yes ___ No Visit Approved: ___ Yes ___ No

_____ _____

Athletic Department Signature Date