

# SCSU ATHLETIC DEPARTMENT OFFICIAL VISIT FORM

DIRECTIONS: Complete and return to Compliance Coordinator **PRIOR** to Official Visit.

Sport: \_\_\_\_\_ Date: \_\_\_\_\_  
Prospect's Name: \_\_\_\_\_ SSN or Clearinghouse ID#: \_\_\_\_\_  
(Required)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Proposed Date of Visit: \_\_\_\_\_ to \_\_\_\_\_ Email address: \_\_\_\_\_

## 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? \_\_\_ Yes \_\_\_ No

## PART II – For High School Prospects

- \* 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
- \* The prospect has presented SCSU a test score taken on a National Testing Date under National Testing Conditions. This score has been presented to SCSU....
  - a) In writing, through a High School Transcript \_\_\_ Yes \_\_\_ No
  - b) Testing Agency document \_\_\_ Yes \_\_\_ No
  - c) Testing Agency automated voice-messaging service \_\_\_ Yes \_\_\_ No
  - d) Unofficial fax or sent from prospect \_\_\_ Yes \_\_\_ No
  - e) Requirements via the NCAA Clearinghouse \_\_\_ Yes \_\_\_ No
- \* Do you have a transcript from the High School per Bylaw 13.6.2.2.2.2? (Division I Only) \_\_\_ Yes \_\_\_ No
- \* Requirements via the NCAA Clearinghouse \_\_\_ Yes \_\_\_ No

## PART III – For Transfers from a 4-Year College

- \* Do you have permission per Bylaw 13.1.1.2? \_\_\_ Yes \_\_\_ No
- \* Do you have a transcript from the institution per Bylaw 13.6.2.2.2.2? (Division I Only) \_\_\_ Yes \_\_\_ No

## PART IV – For Transfers from a 2-Year College

- \* Is the prospect a Qualifier? \_\_\_ Yes \_\_\_ No  
**IF NO OR UNKNOWN, THEN**
- \* Has the prospect completed an academic year at the 2-Year Institution? \_\_\_ Yes \_\_\_ No
- \* Do you have a transcript from the institution per Bylaw 13.6.2.2.2.2 (Division I Only) \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Coaches Signature

\_\_\_\_\_  
Date