



HARDSHIP WAIVER REQUEST

I. SUMMARY

Institution: _____

Student-Athlete: _____
(Last) (First) (Middle)

Sport: _____ Season Request Relates To: _____
(Academic Year)

II. BACKGROUND INFORMATION

Academic Year(s) of Enrollment	Example 2007-08					
Intercollegiate Competition (X)	Example X					
Athletically Related Aid Received (Yes/No)	Example Yes					

III. INJURY OR ILLNESS

1. Did the incapacitating injury or illness occur in one of the four seasons of intercollegiate competition at any two-year or four-year institution?

_____ Yes _____ No

Date of Injury: _____ Institution at Which Injury Occurred: _____

2. Did the injury or illness occur before the completion of the first half of the playing season?

_____ Yes _____ No

3. **TEAM SPORTS ONLY:** Did the injury or illness occur before the student-athlete participated in more than three (3) contests or dates of competition or 30 percent (whichever number is greater) of the institution's scheduled contests or dates of competition in his or her sport?

_____ Yes _____ No Date of student-athlete's last competition: _____

_____ Number of events* in which student-athlete participated.

_____ Number of events* scheduled by the institution.

_____ Percentage of events in which the student-athlete participated.

**Count all competition against outside participants (excluding scrimmages and exhibitions) during the traditional or official championship playing season in that sport. Include NEC Championship, if applicable, but not NCAA Championship participation.*

INDIVIDUAL SPORTS ONLY: Did the injury or illness occur before the student-athlete participated in more than three (3) dates of competition or 30 percent (whichever number of greater) of the maximum permissible number of dates of competition set forth in Bylaw 17 plus one date for a conference championship?

_____ Yes _____ No Date of student-athlete's last competition: _____

_____ Number of dates of competition* in which student-athlete participated.

_____ Maximum permissible number of dates of competition for student-athlete's sport.

_____ Percentage of dates in which the student-athlete participated.

**Count all competition against outside participants (excluding those exempted by Bylaw 17) during the traditional or official championship playing season in that sport.*

IV. REQUIRED DOCUMENTATION *(Please check each item or provide an explanation of why the requested documentation was not provided.)*

_____ Medical Documentation Form

_____ Final individual performance season statistics compiled by your institution's sports information department.

_____ Official team results (contest-by-contest) for the season in question, as well as all dates of competition. *(Note: Record must indicate those contests actually completed, not simply those scheduled.)*

V. SATISFACTORY PROGRESS WAIVER

Is the institution also requesting a waiver of satisfactory progress legislation per NCAA Bylaw 14.4.3.6 (a)?

_____ Yes _____ No *If yes, please attach applicable form.*

VI. COMMENTS

Based on the information provided above and to the best of my knowledge, the identified student-athlete meets all requirements for the granting of a hardship waiver request regarding the year in question per 14.2.4 of the NCAA Manual. Therefore, the institution requests approval of this hardship waiver.

Prepared by: _____
Name Title

Director of Athletics (or designee) Date