



PROGRESS TOWARD DEGREE WAIVER

Student-Athlete's Name	Initial Enrollment Any School/Your School
Sport	Your Institution
Term(s) for which waiver is being requested	No. of term(s) enrolled Full-Time

A. Basis for Waiver Request and Required Documentation *(please check one)*

☐ **International Competition - 14.4.3.6(b)** ☐ **Medical Absence - 14.4.3.6(a)**

- | | |
|---|---|
| a. Complete academic transcript | a. Complete academic transcript |
| b. Written statement from a representative of the governing body of the sport in which the student-athlete will participate and which describes the nature and duration of his/her involvement. | b. Written statement and documentation by an appropriate medical professional detailing the injury or illness to the student-athlete or member of student-athlete's immediate family that prevented student-athlete's completion term or caused student-athlete to miss a term. |

B. Satisfactory Progress Waiver

Is the institution also requesting a hardship waiver by supplying this information?

YES _____ NO _____ [If yes, please attach applicable form]

Based upon the information submitted and my knowledge of this matter, I certify that this student-athlete meets the criteria of the satisfactory progress legislation and that this request should be granted.

Prepared by: _____

Title: _____

Director of Athletics: _____

Date: _____

Northeast Conference Action:

The satisfactory progress waiver requested above is: Granted _____

Denied _____

_____ Needs Additional Information:

Signature: _____ Date: _____