



## COLLEGIATE CHAMPIONSHIP ELIGIBILITY VERIFICATION FORM

**PLEASE READ CAREFULLY**

Collegiate Cycling requires qualifying teams to present this rider list at national collegiate championship registration, signed by both the club president (or team captain/coach) and the school registrar, and stamped with the school's official seal. **Any athletes who do not qualify and spaces not used should be crossed off the list at the time the registrar signs this form.** USA Cycling cannot accept incomplete forms.

**SCHOOL NAME** \_\_\_\_\_

**THE REGISTRAR**

Please read the following COLLEGIATE ELIGIBILITY REQUIREMENTS.

In order to be eligible to compete at collegiate road, track, mountain bike and/or cyclo-cross national collegiate championships, each athlete must meet minimum enrollment requirements at the time of completion. These requirements include the following, based on the most recent academic term (i.e., deadlines: road - spring session, track - fall session, mountain bike - fall session, cyclo-cross - fall session, freshman - paid session fees. For track nationals, if the rider has not started school, verification of tuition payment must be provided.

**Undergraduate Students:** Student must be enrolled as a "full-time student", as defined by the collegiate institution.

**Graduate Students:** Student must be enrolled as a "full time student", as defined by the collegiate institution. A student meeting this requirement must also be making full time progress toward the completion of a graduate degree.

**Recent Graduates:** Student must have been eligible in the most recent academic term (defined above) and completed the requirements for a graduate or undergraduate degree. In addition, this student must provide written verification confirmation this status.

	STUDENT NAME	STUDENT ID	STUDENT SIGNATURE
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**REGISTRAR** I certify that the riders mentioned above are students in good standing financially, academically, and disciplinarily at this institution and meet the eligibility requirements as outlined above.

COMMENTS (If a rider does not qualify, please indicate the reason and delete the name from the above list).

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registrar's signature and school's official seal)

**CLUB PRESIDENT OR TEAM CAPTAIN** I certify that the riders mentioned above are in good standing of the collegiate institution's cycling team.

COMMENTS (If there are any exceptions, please state.)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Club president (team captain/faculty sponsor)