



**College Conference of Illinois and Wisconsin
Athletics Tracer Report
[Four Year College Transfer Only]**

To:	From:		
Date:	Fax:	Phone:	Email:

Student-Athlete:	Birthdate:
Intended sport(s) at our institution:	
Probable year(s) attended at your institution:	

~ Please complete this entire section ~

1. Did this student attend your institution? <input type="checkbox"/> Yes <input type="checkbox"/> No Did they graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. List terms attended (e.g., fall 2020) and indicate whether they were part-time or full-time (12 or more credits) per NCAA Bylaw 14.2.2.1:				
_____	PT / FT	_____	PT / FT	_____
_____	PT / FT	_____	PT / FT	_____
3. Did this student participate (i.e., compete or practice) in intercollegiate athletics at your institution? (See NCAA Bylaws 14.02.8 and 17.02.1.1 for the definition of competition and practice, respectively.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Please list the sport and academic year in which the student has either practiced and/or competed in athletics at your institution:				
Academic Year	Sport(s)	Practiced	Competed	Charged w/Season
_____	_____	YES / NO	YES / NO	YES / NO
_____	_____	YES / NO	YES / NO	YES / NO
_____	_____	YES / NO	YES / NO	YES / NO
_____	_____	YES / NO	YES / NO	YES / NO
5. Would this student have been academically <u>and</u> athletically eligible had he/she remained at your institution per NCAA Bylaws 14.5.4.1 (4-2-4 transfers) or 14.5.5.1.1 (4-4 transfers) and 14.5.1.2 (disciplinary suspension)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:				
6. While at your institution, did this student receive a (check all that apply): <input type="checkbox"/> medical hardship waiver; <input type="checkbox"/> season of competition waiver; <input type="checkbox"/> term of attendance waiver				
7. A. If you have knowledge of any attendance by the student at any other post-secondary institution, please indicate the institution and dates of such attendance. Institution: _____ Dates Attended: _____ _____				
B. Are you aware of anything else that might affect this student athlete's collegiate athletic eligibility?				

8. Do you grant permission for _____ to contact the designated student-athlete to discuss transfer possibility? **YES** **NO**

Please return this form via email or fax as soon as possible. Thank you for your cooperation!

Person completing this form: _____

Name Title/Position

_____ Signature

Telephone Number