

Texas A&M International University

Four Year Transfer Release Form

To: _____ Fax: _____

Date: _____

From: _____ Fax: _____

The student listed below has initiated contact with our athletic department asking us to seek his/her release from your institution per NCAA Bylaws 13.1.1.2 (Four Year College Prospects) and 14.5.5.3.10 (One-Time Transfer Exception).

Student: _____ **Social Security:** _____ **Sport:** _____

Date of Entrance: _____ Last Term Attended: _____

Number of Semesters/ Quarters Attended: _____ Full-Time Semesters: _____ Part-Time Semesters: _____

Please circle the classification of your institution: NCAA Division I II III NAIA

Please respond to the following questions and return this form at your earliest convenience

1. May the student-athlete speak with a member of our athletic staff? **YES** **NO**

2. Has this athlete ever transferred from any other institution? **YES** **NO**

If yes, please list: 2 Year Institution Name: _____

4 Year Institution Name: _____

3. Is/Was this student in a good academic standing at your institution? **YES** **NO**

4. Did this student pass six degree accountable hours in the last semester of full time enrollment? **YES** **NO**

5. Has he/she fulfilled the satisfactory progress requirements? **YES** **NO**

The transferring student must be one who would have been eligible had he/she remained at your institution

6. Is the student-athlete in good athletic standing? **YES** **NO**

7. Was the student disqualified or suspended from your institution for disciplinary reasons? **YES** **NO**

8. Did the student-athlete sign a National Letter of Intent? **YES** **NO**

9. Was this student-athlete a Qualifier, Partial Qualifier, or Non-Qualifier? (please circle)

Qualifier Partial Qualifier Non-Qualifier

10. Do you have any objection to granting the one-time transfer exception to the student athlete? **YES** **NO**
(NCAA Bylaw 14.5.5.3.10(d))

Sport	Semester	Year	Status During the Semester	Athletic Aid
			<input type="checkbox"/> Practiced <input type="checkbox"/> Competed <input type="checkbox"/> Redshirt <input type="checkbox"/> Hardship	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Practiced <input type="checkbox"/> Competed <input type="checkbox"/> Redshirt <input type="checkbox"/> Hardship	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Practiced <input type="checkbox"/> Competed <input type="checkbox"/> Redshirt <input type="checkbox"/> Hardship	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Practiced <input type="checkbox"/> Competed <input type="checkbox"/> Redshirt <input type="checkbox"/> Hardship	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Practiced <input type="checkbox"/> Competed <input type="checkbox"/> Redshirt <input type="checkbox"/> Hardship	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Practiced <input type="checkbox"/> Competed <input type="checkbox"/> Redshirt <input type="checkbox"/> Hardship	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student Athlete did not Practice or Compete at your institution

INSTITUTION: _____

PHONE: _____

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____