BEMIDJI STATE UNIVERSITY
OFFICIAL VISIT APPROVAL (NCAA Bylaw 13.7)

COACH CHECKLIST

COMPLETE PRIOR TO VISIT Please complete and submit this form to the Compliance Office as soon as the official visit is scheduled, preferably two weeks in advance.

Sport: _____ **Coach:** _____ **Date:** _____

Student's Name: _____ **Address:** _____

Phone: _____ **E-mail:** _____

Date of Birth: _____ **Eligibility Center ID#:**_____

Current High School or College: _____

TURN IN THE FOLLOWING DOCUMENTS TO THE COMPLIANCE OFFICE PRIOR TO THE VISIT

_____ **HS or Prep School prospective student-athletes. Test Score** (ACT, SAT, PLAN, or PSAT)**: Presented through official testing agency document, high school transcript (official or unofficial), or NCAA Eligibility Center (13.6.2.1).** Taken on a national testing date and on file at BSU – ATHLETICS NEEDS A COPY.

_____ **2 or 4 yr. transfers** – Official or Unofficial copy of college transcript. 4 yr. transfers – permission to contact must be granted. Per NCAA interp. 9/23/94

_____ **IF TRYING OUT - Copy of Medical exam administered within the past 6 months of tryout date** or within six months prior to a senior high school, 2 or 4 year college prospective student-athlete's participation in practice, competition or out-of-season conditioning activities only provided it is accepted by the prospective student-athlete's institution for his or her participation in athletics during the academic year in which a tryout at a Division II institution is conducted.

How notify psa? _____ **Regular Mail** _____ **Fax (list #_____)** _____ **E-mail**

VISIT INFORMATION

On Campus Information
Date of Arrival on Campus_____ **Time**_____

Date of Departure from Campus_____ **Time**_____

Transportation paid? ____ None ____ Air____ Bus ____ Other

Lodging paid? ____ Yes ____ No

Off-campus lodging location _____ Visitor Names _____

On-campus lodging location _____

Name of Student Host_____

Complimentary Admissions Needed (max of 3 per event on-campus)? Yes_____ No_____

Which Events_____

_____ _____
Coach Signature **Date**

_____ _____
Sarah Levesque, Associate AD/SWA **Date**

Approval for Visit _____ **Approval for Travel** _____

OAC office use only: _____ Added to IRL (HS or prep school psa's), _____ Permission to speak received, _____Outside Dead Period, _____ Not longer than 48 hours.