



Northern Sun Intercollegiate Conference
Hardship-Waiver Request



(Note: Request should be submitted no earlier than at the conclusion of the season in question and no later than September 15 of the next academic year.)

Member Institution _____

Student-Athlete _____
(Last) (First) (Middle Initial)

Sport _____ Season Petition Relates To _____
(Academic Year)

INFORMATION REQUESTED FROM THE INSTITUTION

1. Did the student-athlete's injury or illness occur in one of the four seasons of intercollegiate competition or at any two-year or four-year institution?

Yes ___ No ___ Date of Injury _____ Institution _____
(At Which Injury Occurred)

2. Did the injury or illness occur prior to the student-athlete's participation in more than two events or 20 percent of the institution's completed events?

Yes ___ No ___ *(Note: Only competition against outside participation during the traditional playing season shall be counted. Scrimmages shall not be counted.)*

3. Please provide the following information:

- _____ Number of events in which the student-athlete participated.
- _____ Number of varsity events the institution completed in the specific sport OR NCAA Max
- _____ Percentage of the completed events in which the student-athlete participated.

BACKGROUND HISTORY OF THE STUDENT-ATHLETE

1. Complete the following information:

	(Example)					
Academic Years of Collegiate Enrollment	2000-01					
Intercollegiate Competition (indicated with an X if the Student-athlete competed)	X					
Athletically Related Financial Aid (indicate Yes or No)	Yes					

INFORMATION REQUIRED FROM A PHYSICIAN

1. Describe injury or illness resulting in student-athlete incapacity. _____

2. Date of the onset of the injury or illness and date that the student-athlete could return to competition.
Date of Injury _____ Date to return to Competition _____

Doctor's Signature _____ Date _____

3. To be completed after the traditional playing segment by the attending physician. The injury or illness indicated resulted in the incapacity of the student-athlete to complete for the remainder of the traditional segment. Indicate any rehabilitation the student-athlete underwent for the injury or illness. _____

Doctor's Signature _____ Date _____

SATISFACTORY-PROGRESS WAIVER

Is the institution also submitting this information to obtain a satisfactory-progress medical absence waiver per NCAA Bylaw 14.4.3.5? Yes ___ No ___

Comments

Per the information provided above to the best of my knowledge, this student-athlete meets all requirements for the granting of a waiver regarding the year in question per Bylaw 14.2.5 of the NCAA Manual. The institution, therefore, requests approval of this hardship waiver.

Prepared by _____ Date _____
(Name)

(Signature of the Director of Athletics) Date _____

** Please attach a copy of the final individual performance season statistics as produced by your sports information department, and the official team record for the season that includes a contest-by-contest breakdown as well as the dates of competition. (Note: A record indicating those contests actually completed is required. A preseason schedule is not sufficient evidence supporting the athletes participation/non-participation.)