



Transfer Tracking Form

Please complete the following information regarding a recent transfer student-athlete from your college and send back to South Mountain Community College.

Phone: 602-243-8236 ~ Fax: 602-243-8116
Email: Sophie.rodriguez@southmountaincc.edu

To: _____ at _____
Athletic Director College

From: Sophie Rodriguez at South Mountain Community College
Coordinator of Student Athletes

Student-Athlete Name ID # DOB

→ I hereby authorize release of this information. Signature of Student: _____

The above student-athlete has expressed an interest in participating in athletics or has transferred to

South Mountain Community College and would like to compete in our _____ program.
Sport(s)

In order to certify the student-athlete's eligibility status under NJCAA bylaws, we ask your assistance in responding to the following questions.

- Dates/terms the student-athlete attended your institution: _____
- Does your institution have athletics at the varsity, JV and or club level? Yes _____ No _____
- Number of previous terms enrolled? Full-time: _____ Part-time: _____
- Did the student-athlete transfer from another institution to your institution?
Yes _____ No _____ Not to my knowledge _____
If "Yes", please list all institution(s): _
- Has the student-athlete ever been signed to an NJCAA Letter Of Intent?
Yes _____ No _____ If "Yes", please include the academic year(s): _____
- Has the student-athlete ever been granted a medical hardship while at your institution or any previous institution?
Yes _____ No _____ Not to my knowledge _ If "Yes", please include the season: _____
- Did the student-athlete participate during the regular season in intercollegiate athletics at your institution beyond participation in limited pre-season tryouts? (Please select one.)
Yes: Practiced only _____ Yes: Practiced **and** participated in regular season games _____
No: Did not practice **or** participate _____ No: Red-shirted _____ (Which year? _____)
- If the student-athlete did participate was Article V, Section 4.E.4 used for NJCAA eligibility purposes?
Yes _____ No _____ Not Applicable (transferring from a Non-NJCAA Member school) _____
- Did the student-athlete participate on a club team at your college? Yes _____ No _____
- How many seasons of eligibility has this student-athlete utilized and in what sports at your college? Please include any club participation.
Sport: _____ Number of seasons: _____
Sport: _____ Number of seasons: _____

Print Name of Person Completing Form

Title of Person Completing Form

Signature of Person Completing Form

Date

This form is a mandatory form and must be on file at the member college for all transfer students competing in the NJCAA. This requirement is in place regardless if the student transferred from an NJCAA member or non-member college. This form must be included in the students eligibility file for audit.