

**Indicate request. Check all that apply:**

- Extension of five-year period of eligibility
- Season-of-competition waiver, competition while eligible
- Season-of-competition waiver, competition while ineligible
- Hardship waiver – independent institution
- Hardship waiver – appeal  (Please note NCAA Division I must be submitted by conference office)
- Athletics-activity waiver  (Division I only)



**REQUEST FOR A WAIVER PROCESSED BY  
STUDENT-ATHLETE REINSTATEMENT STAFF AND COMMITTEE**

For Use by Member Institutions and Conferences Only

This application must be completed and all required documentation must be submitted before the NCAA student-athlete reinstatement staff may act on the request.

Please note that all decisions issued by the student-athlete reinstatement staff may be appealed to the Division-specific Committee on Student-Athlete Reinstatement.

**Please type or print.**

1. Applicant institution: \_\_\_\_\_ Conference: \_\_\_\_\_
2. Sport: \_\_\_\_\_ Division (of sport): \_\_\_\_\_
3. Student-athlete's name: \_\_\_\_\_
4. Student-athlete's social security number: \_\_\_\_\_
5. Student-athlete's date of birth: \_\_\_\_\_
6. Student-athlete's date of high school graduation: \_\_\_\_\_
7. Seasons of competition remaining: \_\_\_\_\_
6. Student-athlete's next scheduled contest or date of competition: \_\_\_\_\_
7. Student-athlete's status.  
Date of initial-collegiate enrollment: \_\_\_\_\_  
Date of initial-collegiate enrollment at applicant institution, if different: \_\_\_\_\_
8. Was the student-athlete recruited? \_\_\_\_\_
9. Is the student-athlete on athletically related financial aid? \_\_\_\_\_

**For all waivers, this first page and last page (student-athlete signature and address) must be completed. In addition, please complete the section of this application that is specific to the waiver you are requesting. Please note that all waiver cases include the submission of supporting documentation (i.e., contemporaneous medical documentation) that must be included for the case to be processed. If you have any questions when completing this form, please contact the student-athlete reinstatement staff at 317/917-6015. Waiver request may be submitted to Jennifer Henderson, director of membership services/student-athlete reinstatement, by regular mail or fax to 317/917-6736.**

1. Five-year/10-semester extension requests.

- a. Please provide a summary (including specific semesters/years) of the student-athlete's missed participation opportunities:

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- b. Please describe any unique circumstances or mitigation that should be considered in the analysis of this case:

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- c. Please provide student-athlete's enrollment/participation history since initial full-time enrollment. Please indicate if student-athlete is enrolled part time, full time or not enrolled:

Year/ Term	Institution	Enrolled part time, full time or not enrolled?	Sport	Was student-athlete otherwise eligible to participate pursuant to NCAA, conference, and institutional rules and regulations?	Competed	Reason(s) student-athlete did not compete

d. Please list the years/seasons the institution considers to be denied participation opportunities:

List at least two seasons in which the institution believes student-athlete was deprived of a participation opportunity pursuant to NCAA Bylaw 30.6.1.1 (circumstances outside the control of the student-athlete and the institution).	State specific bylaw within Bylaw 30.6.1 that applies to student-athlete's circumstances that prevented student-athlete from participating.	For physical or mental circumstances, is medical documentation contemporaneous (at the time of the injury or illness)? If so, where was the documentation obtained?	Does institution believe student-athlete's circumstances meet Bylaw 30.6.1.1 criteria? If so, why? If not, does the institution believe student-athlete's circumstances should be considered an extraordinary or extreme hardship case? If so, why?

e. In addition, to the application the following information should be submitted with an extension request:

- Student-athlete's complete academic transcript (including all institutions attended).
- Written statement from student-athlete describing circumstances surrounding extension request.
- If request is for medical reasons, medical documentation that when analyzed together, demonstrates the injury or illness was "incapacitating" in nature and prevented the student-athlete from competing during a specific season. Legislation requires that documentation must be contemporaneous and include a letter from the treating physician describing the nature of the injury or illness and whether it was incapacitating. **(Please note contemporaneous medical documentation includes, but is not limited to, doctor's notes, doctor's evaluations, emergency room records, physical therapy records, nurse's records and/or records. The documentation must be from the time of the injury and generally include a description and diagnosis of the patient's condition.)**
- For situations where competition occurred and the conference office has granted a hardship waiver, please include documentation of the hardship waiver, including conference's decision letter.
- For financial hardship, documentation should be included to substantiate the specific event and demonstrate how the specific event prevented competition.

- For matters involving erroneous reliance, personal or family finances, natural disasters or other nonmedical circumstances the institution believes meet the criteria detailed in Bylaw 30.6.1.1, objective documentation should be presented from the appropriate authority.
- Any other documentation that is relevant to the discussion of the waiver.

2. Season-of-competition waiver – competition while eligible.

a. Number of contests/dates of competition student-athlete participated:

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b. Please list dates competition occurred:

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c. Number of contests/dates of competition in institution's season:

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d. Percent calculation of season: \_\_\_\_\_

e. Which circumstance of the waiver does the institution believe student-athlete meets?

- Life-threatening injury or illness suffered by a member of student-athlete's immediate family.
- Extreme financial difficulties as a result of a specific event experienced by student-athlete or individual on whom student-athlete is legally dependent.
- Student-athlete's institution dropped the sport.
- Student-athlete participated as a result of a good faith, reliance on a coaching staff member's decision to put the student-athlete in an alumni contest, exhibition contest, scrimmage or nonchampionship season based on the coach's documented misunderstanding of NCAA legislation (Division I only).
- Other extraordinary circumstances. Please explain.

f. Please describe reasons institution believes legislation is met and provide any mitigation that should be considered in reviewing the waiver:

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g. In addition to the application, the following documentation should be submitted with the waiver:

- Student-athlete's complete academic transcript (including all institutions attended).
- Written statement from student-athlete describing circumstances surrounding request.

- If request is for medical reasons, medical documentation that when analyzed together, demonstrates the injury or illness suffered by family member prevented the student-athlete from competing during the remainder of the season. **(Please note that contemporaneous medical documentation includes, but is not limited to, doctor's notes, doctor's evaluations, emergency room records, physical therapy records, nurse's records and/or records. The documentation must be from the time of the injury and generally include a description and diagnosis of the patient's condition.)**
- For financial hardship, documentation should be included to substantiate the specific event and demonstrate how the specific event prevented student-athlete from continuing to compete.
- For matters involving coaching error, please provide documentation from the coach explaining his misunderstanding of NCAA legislation.
- A schedule from the season showing which contests the student-athlete participated.
- Any other documentation that is relevant to the discussion of the waiver.

h. Please note for waivers involving coaching error, if a waiver is granted the student-athlete will be withheld from competition on a two-for-one basis.

3. Season-of-competition waiver – competition while ineligible.

a. Number of contests/dates of competition student-athlete participated:

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b. Please list dates competition occurred:

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c. Number of contests/dates of competition in institution's season:

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d. Percent calculation of season: \_\_\_\_\_

e. Did the competition occur within 60 days of the date student-athlete first reported for athletics participation? \_\_\_\_\_

f. Was the student-athlete innocently involved? \_\_\_\_\_

g. Has the institution also reported this violation to the NCAA student-athlete reinstatement staff?

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h. Please provide a detailed description of the error that occurred and present any mitigation that should be considered in processing the request:

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- i. In addition to the application, the following documentation should be included with the waiver:
  - Written statement from student-athlete describing circumstances surrounding request.
  - Please provide documentation from the individual responsible for the error (e.g., appropriate certifying office, coach, etc.).
  - A schedule from the season showing which contests the student-athlete participated.
  - Any other documentation that is relevant to the discussion of the waiver.

4. Hardship waiver – independent institution.

- a. Date of onset of injury or illness: \_\_\_\_\_
- b. Number of contests/dates of competition in institution's season: \_\_\_\_\_
- c. Number of competitions in which student-athlete participated: \_\_\_\_\_
- d. Percent calculation: \_\_\_\_\_
- e. Explain the circumstances surrounding injury or illness and include any mitigation that should be considered:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- f. In addition to the application, the following information should be submitted with the waiver.
  - Written statement from student-athlete describing circumstances surrounding request.
  - Medical documentation that when analyzed together, demonstrates the injury or illness was "incapacitating" in nature and prevented the student-athlete from competing during a specific season. Legislation requires that documentation must be contemporaneous and include a letter from the treating physician describing the nature of the injury or illness and whether or not it was incapacitating. **(Please note contemporaneous medical documentation includes, but is not limited to, doctor's notes, doctor's evaluations, emergency room records, physical therapy records, nurse's records and/or records. The documentation must be from the time of the injury and generally include a description and diagnosis of the patient's condition.)**
  - A schedule from the season showing which contests the student-athlete participated.
  - Any other documentation that is relevant to the discussion of the waiver.

5. Appeal of hardship waiver denied by conference office.

- a. Date of onset of injury or illness: \_\_\_\_\_
- b. Number of contests/dates of competition in institution's season: \_\_\_\_\_
- c. Number of competition in which student-athlete participated: \_\_\_\_\_
- d. Percent calculation: \_\_\_\_\_
- e. Reason hardship waiver was denied by conference office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- f. Extraordinary or extreme circumstances that should be considered by reinstatement staff and/or committee in reviewing this case:  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- g. In addition to the application, the following information should be submitted with the waiver:
  - Written statement from student-athlete describing circumstances surrounding request.
  - Statement from the conference office regarding the denial of the waiver, including the letter from the conference indicating the waiver was denied.
  - Division I – Statement from conference office detailing why it is submitting the request.
  - Include all original information submitted to the conference office.
  - Medical documentation regarding student-athlete's injury or illness.
  - A schedule from the season showing which contests the student-athlete participated.
  - Any other documentation that is relevant to the discussion of the waiver.

6. Athletics-activity waiver.

- a. Please indicate the year the institution believes to be denied:  
\_\_\_\_\_

b. Please include a complete participation history of the student-athlete:

Year/Term	Institution	Sport	Competed

c. Explain the circumstances surrounding student-athlete being unable to participate in intercollegiate competition and include any relevant mitigation:

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d. List the event and/or training that student-athlete participated in that prevented intercollegiate competition. In addition, please indicate which letter of Bylaw 14.2.1.5 the activity meets:

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e. Was the student-athlete otherwise eligible to compete had he/she remained at the institution in which he/she was enrolled? \_\_\_\_\_

f. If student-athlete was not otherwise eligible, please explain:

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g. In addition to the application, the following information should be submitted with the waiver.

- Written statement from student-athlete describing circumstances surrounding request.
- Statement from national governing body or international equivalent detailing the student-athlete's competition/training in one of the activities listed in the applicable legislation, including the time period involved with such competition/training and a statement that the student-athlete was unable to participate in intercollegiate athletics as a result of competition/training. Statement should also detail the time period student-athlete was involved with the event/training that prevented competition.

**Signature:**

Signature of individual submitting request: \_\_\_\_\_

Please print name and title of individual submitting request/report:

\_\_\_\_\_

(The report must be submitted by the institution's chief executive officer, faculty athletics representative, director of athletics, senior woman administrator or the individual designated on campus to handle compliance.)

**Contact Information:**

Name and title of institutional contact person: \_\_\_\_\_

(Note: All correspondence regarding this waiver will be directed to the contact person.)

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**To be completed by student-athlete:**

**Buckley Statement.** I give my consent to disclose to authorized representatives of this institution, its athletic conference (if any) and the NCAA any documents or information pertaining to my NCAA eligibility. Additionally, I give my consent to the NCAA to disclose my name and personally identifiable information from my education records to a third party (including but not limited to the media) as necessary to explain the NCAA's decision regarding this [waiver] [reinstatement] request without such disclosure constituting a violation of my rights under the Family Educational Rights and Privacy Act.

Student-athlete's name (please print) \_\_\_\_\_

Signature (student-athlete): \_\_\_\_\_ Date: \_\_\_\_\_

Student-athlete's address: \_\_\_\_\_