

**REQUEST TO APPEAL WAIVER DECISION OF  
NCAA STUDENT-ATHLETE REINSTATEMENT STAFF**

1. Institution: \_\_\_\_\_
2. Sport: \_\_\_\_\_
3. Legislation involved: \_\_\_\_\_
4. Name of student-athlete: \_\_\_\_\_
5. Date institution submitted waiver request to NCAA staff: \_\_\_\_\_
6. Date verbal decision given by NCAA staff: \_\_\_\_\_
7. Date of involved student-athlete's next competition: \_\_\_\_\_
8. Rationale/basis for appeal of staff's decision (attach additional documentation if needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Case precedent in order of relevance (include date and case number):  
\_\_\_\_\_  
\_\_\_\_\_

For complete information regarding the appeal process, please refer to the [Student-Athlete Reinstatement Policies and Procedures](#).

**Please include this completed form with any supporting documentation for the appeal.**

The institution's written appeal of the staff's decision shall be submitted by the chief executive officer (or individual designated by the chief executive officer), faculty athletics representative, senior woman administrator or athletics director.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

**\*This form may be faxed to Jennifer Henderson, director of membership services/student-athlete reinstatement, at 317/917-6736.**