Athlete Academic Eligibility Form

PLEASE TYPE OR PRINT IN BLOCK LETTERS

Name: _____ Sport: Nordic Skiing
Surname First Name(s)

Telephone number: _____
University / College: _____
Program of study: _____
Number of years in above program: _____ Student number: _____
Date of first registration at a university / college: _____
Month / Year

Athlete's signature: _____ Date: _____
CCC racing licence # _____ (this number is mandatory)

TO BE COMPLETED BY THE REGISTRAR:
I hereby certify that the aforementioned student meets all academic criteria as delineated on this form.

_____ Student is currently registered full-time* and is pursuing the above mentioned program of study in the 200 - 200 academic year.
*full-time student is one who is acceptable to the institution of attendance as satisfying the requirements necessary to be classified as full-time student.

Date: _____ Registrar or Designate: _____
Signature and SEAL