

ELIGIBILITY WAIVER REQUEST FORM

Please type answers then return to eligibility@ncr.rugby with all required documentation.

The review process will not begin until all necessary documents are received.

Name: _____ College: _____

DOB (DD/MM/YY): _____ Current Age: _____

School Email: _____ Cell: _____

HS Grad Year: _____ NCR Reg. Number: _____

International Student? Y or N: _____ Citizenship: _____

First college enrollment (MM/YY): _____ First College Name: _____

Current number of classes: _____ Current credit load: _____

Is the student full time and in good standing as defined by the registrar? Y or N _____

Is the student seeking their first undergraduate degree? Y or N _____

What best describes the student? Full Time Undergrad, Part time undergrad, Full Time Graduate, or Part time Graduate:

1. Nature of the Waiver being sought (check one):

- | | |
|-------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> COVID19 Extension Year Student | <input type="checkbox"/> Full Time Graduate |
| <input type="checkbox"/> Part time graduating senior | <input type="checkbox"/> Academic Consortium |
| <input type="checkbox"/> 6 th or 7 th year post HS grad | <input type="checkbox"/> Military/Church/Pregnancy Extension |
| <input type="checkbox"/> U19 or U18 | <input type="checkbox"/> Amateurism |
| <input type="checkbox"/> Nearby School | <input type="checkbox"/> Other: _____ |

2. Check attached submitted documents. **Transcripts are REQUIRED for all waiver reviews.**

- | | |
|--------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Undergraduate Transcript(s) | <input type="checkbox"/> Graduate Transcript(s) |
| <input type="checkbox"/> High School Transcript | <input type="checkbox"/> Citizenship Documentation |
| <input type="checkbox"/> DD-214 | <input type="checkbox"/> Nearby School Liability Letter |
| <input type="checkbox"/> Medical Documentation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Military/Church/Pregnancy Extension | |

ELIGIBILITY WAIVER REQUEST FORM

3. **REQUIRED:** Please provide personal statement with reasoning for waiver sought.

4. National Collegiate Rugby and/or USA Rugby Membership history (please indicate ALL dates and clubs registered with). Please also list all overseas / international clubs:

5. Provide information on the student-athlete's university enrollment record. Please detail each semester/term the student-athlete was/is enrolled in university in the US or abroad (e.g. Fall 2019 Lehigh, Spring 2020 Lehigh, Fall 2020 Villanova, etc.) and indicate any time periods / terms the student-athlete was not enrolled.

6. Please describe and indicate any dates spent in the armed services, on official church missions or with recognized foreign aid services of the US government, or pregnancy.
