



PROSPECTIVE STUDENT-ATHLETE OFFICIAL VISIT APPROVAL

To be completed by Athletics Compliance Office:

APPROVED:

Athletics Compliance Office Signature _____ Date _____

- High School Transcript(s)
- College Transcript(s) (Transfer)
- Test Scores
- NCAA Clearinghouse Submitted
- Pre - Visit Letter
- Non-Standard Admission (AR)
- Prospect in JumpForward Prospect Database
- Dead Periods
- Forty-Eight Hours

Admission: FALL 20 _____ SPRING 20 _____

To be completed by Head Coach:

Sport _____

PSA General Information

PSA Name _____
 Address _____
 City, State, Zip _____
 High School _____

Clearinghouse Number _____
 Date of Birth _____
 Phone Number _____
 City, State, Zip _____

Transfer? YES NO

Admission: FALL 20 _____ SPRING 20 _____

Official Visit Information

Official Visit Begins: Date _____ Time _____ AM PM

Official Visit Ends: Date _____ Time _____ AM PM

Is the Prospective Student-Athlete Accompanied by Others** YES NO

If YES, Name

Relationship

_____	_____
_____	_____
_____	_____

Method of Travel AIR AUTO OTHER

If auto, who owns the vehicle? (NCAA Bylaw 13.5.2.2) _____

****Please remember that you may not pay the travel expenses for others accompanying the PSA unless they are traveling by automobile. (Exception for Men's Basketball- 13.5.2.6.1)**

Please attach copies of transcript(s), test scores, PSA Academic Review and Pre- Visit letter.

Head Coach Signature _____ Date _____