



Eligibility Petition

Full name of student:

Subject:

Eligibility rule:

Academic information:

Sport:

Complete competition record:

Complete practice record (for injury or illness):

Financial aid:

Letter of intent:

Circumstances:

Eligibility consequences of waiver:

Comment, including faculty representative's recommendation:

Faculty representative's approval

Signature/Date

Attachments

- Student's statement.
- Parent's and/or coach's statement (if pertinent).
- For an intra-Conference transfer waiver petition**, statement from faculty representative of petitioning student-athlete's previous Pac-10 institution.
- For a hardship waiver petition**, complete the box below and include (1) contemporaneous medical documentation signed by the appropriate physician, and (2) schedule/results and participation records used to perform the hardship waiver calculation (determination of second half of season, dates of competition, etc.)

For hardship waiver petitions

Check one for team sports:

- Scheduled events Completed events

	Numerator: Number of contests/dates of competition for petitioning student-athlete
	Denominator: Number of contests/dates of competition for team
	Number of contests/dates of competition equal to 30% of the denominator (round up)
	Date of incapacitating injury or illness
	Date of petitioning student-athlete's final competition
	Date of first competition of second half of team's season

MEDICAL CERTIFICATION STUDENT-ATHLETE HARDSHIP WAIVER PETITION

Student-athlete:

Sport:

1. Diagnosis of injury or illness, including medical reason for disqualifying student-athlete from competition:

2. Date of onset of injury or illness:
 - a. Date medical attention first sought for injury or illness, if different than above:
 - b. Was injury or illness a recurrence of a pre-existing condition? If yes, please describe:

3. What practice restrictions, if any, were imposed on the student-athlete as a result of the injury or illness:
 - a. Beginning date of restrictions:
 - b. Ending date of restrictions:
 - c. How frequently was the student-athlete evaluated during the period of restrictions?

4. Specific date student-athlete was medically cleared for competition:

5. If the student-athlete was cleared to return to competition before the end of the season, to what extent was the student-athlete able to return to his/her pre-injury (or pre-illness) competitive level?

6. Additional comments, if any, related to whether the illness or injury was of an "incapacitating" nature that precluded competition for the remainder of the playing season:

7. Please attach the athletic trainer's summary of the student-athlete's rehabilitation history in conjunction with this injury or illness.

Physician's name, address, telephone number:

Signature of physician: _____

Date: _____