

ITC ELIGIBILITY UPDATE FORM

Name and Student ID Number	Signature* * I authorize inspection of my records for the purpose of determining eligibility.	Status: Graduate (G) Undergraduate (UG)	Number of Credit Hours Currently Enrolled	Cumulative GPA as determined by Institution	Graduating Senior Yes/No
ID#					
ID#					
ID#					
ID#					
ID#					
ID#					
ID#					
ID#					

Registrar's Signature: _____ School Name: _____

Telephone: _____ Date: _____ **PLEASE IMPRINT SCHOOL SEAL ON BACK**
 This form must be submitted at the ITC Coaches registration or you will not compete. **This form must be completed only if the student-athlete was not on the sectional roster.**

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