

2010 ITC SECTIONAL QUALIFIER 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
1.					
ID#					
2.					
ID#					
3.					
ID#					
4.					
ID#					
5.					
ID#					
6.					
ID#					
7.					
ID#					
8.					
ID#					

Registrar's Signature: _____

School Name: _____

Telephone: _____ Date: _____

PLEASE IMPRINT SCHOOL SEAL ON BACK

This form must be submitted at the ITC Sectional Coaches Registration, March 12, 2010 or your team will not compete.

