



# 3C2A STUDENT-ATHLETE TRANSFER FORM

FORM 2

To		Return To	
Name	_____	Name	_____
Title	_____	Title	_____
Institution	_____	Institution	_____
Email	_____	Email	_____

The California Community College Athletic Association (3C2A), member Conferences and institutions review the eligibility record of all students who transfer to member institutions from other colleges and universities. We are asking for your cooperation in securing the following information for a student indicating previous attendance at your institution.

Name of Student-Athlete: (First Name, Middle Initial, Last Name):

Date of Birth: (mm/dd/yy):

Was the student enrolled and attending class?	Yes	No	If yes, dates	From	_____	To	_____
Was the student enrolled in and attending an intercollegiate athletics class?	Yes	No	If yes, dates	From	_____	To	_____
Did the student transfer to your institution?	Yes	No	Unknown				

If yes, please list the student's previous institution(s) below

Did the student participate in intercollegiate athletics **practice** at your institution? Yes No

Did the student **compete** in intercollegiate athletics at your institution? Yes No

If yes, please indicate the sport and year(s) of participation (including non-championship season scrimmages):

Sport	_____	YR/s	_____	_____	_____	_____
Sport	_____	YR/s	_____	_____	_____	_____
Sport	_____	YR/s	_____	_____	_____	_____
Sport	_____	YR/s	_____	_____	_____	_____

Did the student use a "redshirt" year at your institution? Yes No

If yes, sport and academic year \_\_\_\_\_

Did the student receive a medical hardship at your institution? Yes No

If yes, sport and academic year \_\_\_\_\_

Would this student have been academically eligible had he/she remained at your institution? Yes No

Would this student have been athletically eligible had he/she remained at your institution? Yes No

Signature of Person Completing Form \_\_\_\_\_

Name and Title of Person Completing Form \_\_\_\_\_

Date \_\_\_\_\_

Contact Number \_\_\_\_\_