



Team Reps:

Attached please find the Enrollment Verification Form to be completed by you, your School/Club Advisor, and your Registrar. **YOU WILL NOT BE ALLOWED TO COMPETE WITHOUT THIS FORM SUBMITTED AND APPROVED TWO WEEKS PRIOR TO THE TOURNAMENT.**

Team Instructions:

1. Have all players write in their Student ID Numbers and sign the registrar letter.
2. Have Primary Team Rep and School/Club Advisor fill out top of Enrollment Verification Form.
 - a. Primary Team Rep is main team contact that will be **present at the tournament.**
 - b. School/Club Advisor is school employee responsible for approving team participation. Advisor does **NOT need to attend tournament.**
3. Submit completed registrar letter and Enrollment Verification Form to the registrar.
4. Registrar should electronically submit completed form (**Page 3 Only**) directly to ntoth@ncvf.org (form must be received directly from registrar or school/club advisor or team will not be eligible).
5. Form is due 2 weeks prior to tournament check in date (Wednesday of tournament week).

Important Information:

1. NCVF Championship roster is limited to 15 players. You will need to reduce your National Tournament Roster to 15 or less players prior to printing this form.
2. Undergraduate students must be enrolled at least $\frac{3}{4}$ full time unless they have received an exception from the NCVF.
3. Graduate students must be enrolled in at least 6 graduate level credits unless they have received an exemption from the NCVF.
4. Students must be taking the minimum credits and the credits must be verified by the registrar **AT THE SCHOOL FOR WHICH THEY WILL BE COMPETING.**
5. Full Governance Rules, Eligibility FAQs, and Eligibility Forms can be found at [NCVF Governance Rules/Eligibility.](#)



Dear Registrar:

The following students have requested enrollment verification/eligibility information be provided to the National Collegiate Volleyball Federation (“NCVF”). By signing below, each student authorizes you to release all relevant enrollment and eligibility information directly to the NCVF.

Student	Student ID Number	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

School Name:

Team:

Division:

Position	Name	Cell #	Email
Primary Team Rep			
School/Club Advisor*			

*School/Club Advisor should be school employee that is responsible for overseeing/approving club participation.

By signing this form, the Primary Team Rep and School Club/Advisor certify that all players are in compliance with all NCVF Governance Rules, all school requirements, and approve the team entry into the NCVF Championships.

Primary Team Rep Signature

School/Club Advisor Signature

The following must be completed by the registrar:

School Full Time Credit Hours: _____

Circle One: Quarters Semesters

	Last	First	Undergrad / Graduate	Spring Quarter/ Semester Credits (all schools)	Winter Quarter Credits (qtr schools only)
1			UG / GR		
2			UG / GR		
3			UG / GR		
4			UG / GR		
5			UG / GR		
6			UG / GR		
7			UG / GR		
8			UG / GR		
9			UG / GR		
10			UG / GR		
11			UG / GR		
12			UG / GR		
13			UG / GR		
14			UG / GR		
15			UG / GR		

By signing below I certify that the _____ (#) listed student-athletes are currently enrolled for the above credit hours.

Registrar Signature Date

() _____
Phone



Completed form must be sent directly to ntoth@ncvf.org by Registrar

or School/Club Advisor by 2 weeks prior to Tournament Check In.

SAMPLE