



CCCAA Student-Athlete Transfer Form

To:		Return To:	
Name:	_____	Name:	Patti Gonsalves
Title:	_____	Title:	Eligibility Clerk
Institution:	_____	Institution:	Citrus College
Address:	_____	Address:	1000 W. Foothill Blvd.
Address:	_____	Address:	Glendora, CA 91741
Email:	_____	Email:	pgonsalves@citruscollege.edu
Fax:	_____	Fax:	626.914.8613

The California Community College Athletic Association, 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: _____

Did the student transfer to your institution? Yes No To: _____

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

Sport: _____

Sport: _____

Sport: _____

Sport: _____

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

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

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

Name of Person Completing Form: _____

Title/Position: _____

Date: _____

Contact Number: _____