

**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: \_\_\_\_\_  
 This form must be submitted at the ITC Coaches registration, or you will not compete.

**PLEASE IMPRINT SCHOOL SEAL ON BACK**

**This form must be completed only if the student-athlete was not on the sectional roster.**