**REQUIRED FORM,**

**Deadline March 1, 2025. Email form to Collegiate Synchro: collegiatesynchro@gmail.com**

# FORM B: Athlete Affidavit of Eligibility

Name of Institution: _____ Date Submitted: _____

| **Complete Information For All Participants**<br>_____<br>**Student Athlete (Name in Full)** | **Student ID (Or Social Security Number)** | **Cumulative GPA** | **US Citizen (Yes No)** | **Year of Collegiate participation in this sport** | **Total Credit Hours Accumulated** | **Transfer Student Mo./Yr. Enrolled** | **Full-Time Student (Yes/No)** | **Participation in Majority of Season (Yes/No)** |
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**Academic Year: 2024-2025**

I hereby certify that the information listed herein is complete and correct according to the official records of this institution. In addition, I certify that each person named is a full-time student as defined by this institution and is making normal progress in an established degree or certified program as defined by this institution.

Name: _____
*Director, Women's Intercollegiate Athletics, Club Recreation Department, or Director for Club Sports*

Signature: _____
Phone: _____

Name: _____
*Registrar Director, or Director of Student Credentials*

*Signature: _____
Phone: _____
**May include official seal or stamp at the bottom of this document.*

Name: _____
Coach or Advisor

Signature: _____
Phone: _____

I hereby certify that the Majority of Season information is complete and correct and that all student-athletes competing have met all eligibility requirements at the time they proceed to the first qualifying meet and/or national championships.

Name: _____
*Director, Women's Intercollegiate Athletics, Club Recreation Department, or Director for Club Sports*

Signature: _____