

REQUIRED FORM,
Deadline March 1, 2024. Email form to Collegiate Synchro: collegiatesynchro@gmail.com

FORM B: Athlete Affidavit of Eligibility

Name of Institution: _____ Date Submitted: _____

Complete Information For All Participants <hr/> 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)	
									Academic Year: 2023-2024 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: _____
									<i>Director, Women's Intercollegiate Athletics, Club Recreation Department, or Director for Club Sports</i>
									Signature: _____
									Phone: _____
									Name: _____
									<i>Registrar Director, or Director of Student Credentials</i>
									*Signature: _____
									Phone: _____
									<i>*May include official seal or stamp at the bottom of this document.</i>
									Name: _____
									<i>Coach or Advisor</i>
									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: _____
									<i>Director, Women's Intercollegiate Athletics, Club Recreation Department, or Director for Club Sports</i>
									Signature: _____