

IPFW
Intercollegiate Athletics Department
Prospect "Official Visit Record"

Submit this form and the "Official Visit Checklist" to the Compliance Office at least 48 hours prior to the prospect's "Official Visit".

Sport: _____ Semester: Fall ___ Spring ___ Year: 20___

Prospect Name: _____ Social Security #: _____

Address: _____ City/State, Zip: _____

Home Number: _____ E-Mail: _____

High School: _____

Address: _____ City/State: _____

Zip: _____

Date classes begin for prospects senior year: _____

Do you have a copy of prospect's transcript? ___ Yes ___ No.

If not, when will the transcript arrive on campus? _____. If yes, please attach.

Do you have a copy of prospect's ACT/SAT scores? ___ Yes ___ No.

If not, when will the document arrive on campus? _____. If yes, please attach.

Official Visit Date: _____ Arrival Date: _____ Departure Date: _____

Lodging during Visit: _____

Mode of Transportation: ___ Airline ___ Bus ___ Personal Auto ___

University Vehicle ___

Other, (specify) _____.

Will the parent(s)/guardian be accompanying the prospect? ___ Yes ___ No.

Parent/Guardian Name(s): _____.

Will you be providing complimentary admissions to athletic events? ___ Yes ___ No.

If Yes, Event Name: _____ Date: _____ # of Comps ___1___2___3.

My signature below certifies that I understand and will adhere to all NCAA and IPFW rules that govern an "Official Visit of Prospect".

Coach's Signature: _____ Date: _____

Compliance Signature: _____ Date: _____

Note: Please attach a copy of the Prospect(s) Itinerary