



**NCCS Regional Flag Football
University of Iowa**

Enrollment Verification Form

Mail forms to:
Mike Widen
Recreational Services
E216 Field House
Iowa City, IA 52242

College/University Name: _____ Team Rep: _____
 Address: _____ email: _____

 _____ This **original form** (no copies or faxes) **must** be submitted

The minimum requirement for eligibility is half of full-time enrollment for undergraduate students and a minimum of six (6) credit hours for classified graduate students at the institution for which they represent, throughout the fall prior to the championships. Participants must be enrolled 45 days prior to the event.

Player's Name/SIGNATURE	Student ID# or SS#	TO BE FILLED OUT BY REGISTRAR	
		UG/GR Classification	Current credit hours
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____

Additions must be submitted on this form.

Please verify the above information and draw a red line after the last name verified. I certify that the above _____ (#) listed student-athletes are currently enrolled for the above stated credit hours and have paid the appropriate student fees. (Note: College/University seal of certification must be placed on this form to validate all of the above information.)

Please list your College/University's requirement for Full Time Undergraduate Enrollment = _____ credit hours

(Place School Seal Here)

X _____
Institution's Registrar and/or Rec Sports Director **Phone #** **Date**