ATHLETE CONCURRENT ENROLLMENT NOTIFICATION

for athlete use only; for NCAA eligibility

Office of the Registrar
8432 Magnolia Avenue
Riverside, CA 92504
Phone 951.343.4566
Fax 951.343.4903

Form must be submitted at least **three (3) weeks prior to your first competition** to be included in your NCAA eligibility review. A **document must be attached** which shows you are already enrolled in the courses listed on this form.

Student Name: ______________________________ **ID #:** ______________________________

Phone: ______________________________ **Major:** ______________________________

Coach: ______________________________ **Assistant Coach:** ______________________________

Team/Sport(s): ____

When do you plan on attending these courses: Semester: __________________ **Year:** __________________

College/University attending: ______________________________ ☐ **Quarter** ☐ **Semester**

I understand that this form is NOT a replacement for a Transfer Course Approval form, and if transferability is in question, I will complete that process prior to submitting this form.

I further understand courses to be applied to the Fall semester must be completed no later than December 31st, Courses to be applied to the Spring semester must be completed no later than April 30th, Courses to be applied to the Summer semester must be completed no later than August 31st.

Student Signature: ______________________________ **Date:** __________________

Course #: ______________________________ Units __________

Course Title: ______________________________

Course Begin Date: ______________ Course End Date: ______________

Course Requirement you are trying to fulfill: ☐ General Education
☐ Lower Division Elective ☐ Upper Division Elective ☐ Major/Minor Requirement

For Office Use Only:

This course ☐ is / ☐ is NOT eligible to meet NCAA progress towards degree. ____________
(Initial/Date)

Semester course will be applied to:
☐ Fall ☐ Spring ☐ Summer

Course #: ______________________________ Units __________

Course Title: ______________________________

Course Begin Date: ______________ Course End Date: ______________

Course Requirement you are trying to fulfill: ☐ General Education
☐ Lower Division Elective ☐ Upper Division Elective ☐ Major/Minor Requirement

For Office Use Only:

This course ☐ is / ☐ is NOT eligible to meet NCAA progress towards degree. ____________
(Initial/Date)

Semester course will be applied to:
☐ Fall ☐ Spring ☐ Summer

Course #: ______________________________ Units __________

Course Title: ______________________________

Course Begin Date: ______________ Course End Date: ______________

Course Requirement you are trying to fulfill: ☐ General Education
☐ Lower Division Elective ☐ Upper Division Elective ☐ Major/Minor Requirement

For Office Use Only:

This course ☐ is / ☐ is NOT eligible to meet NCAA progress towards degree. ____________
(Initial/Date)

Semester course will be applied to:
☐ Fall ☐ Spring ☐ Summer

FOR OFFICE USE ONLY: CX ATHLETE RECORD UPDATED ______________
(INITIAL/DATE)

Office of the Registrar 1/2013