

**BEMIDJI STATE UNIVERSITY
OFFICIAL VISIT APPROVAL (NCAA Bylaw 13.6)**

COACH CHECKLIST

COMPLETE PRIOR TO VISIT Please complete and submit this form to the Compliance Office as soon as the official visit is scheduled, preferably two weeks in advance.

Sport: _____ Coach: _____ Date: _____

Student's Name: _____ Phone: _____

Date of Birth: _____ OR Eligibility Center ID#: _____

Current High School or College: _____

ITEMS NEEDED ON FILE PRIOR TO VISIT

Transcripts from high school (or college – most recent)

Attached

On file w/NCAA Eligibility Center

On file w/BSU Admissions

Registered with the NCAA Eligibility Center

On the NCAA Eligibility Center IRL (compliance will verify)

Reminder - IF TRYING OUT - Copy of Medical exam administered within the past 6 months of tryout date or within six months prior to a senior high school, 2 or 4 year college prospective student-athlete's participation in practice, competition or out-of-season conditioning activities only provided it is accepted by the prospective student-athlete's institution for his or her participation in athletics during the academic year in which a tryout at a Division II institution is conducted.

VISIT INFORMATION

On Campus Information

Date of Arrival on Campus _____ Time _____

Date of Departure from Campus _____ Time _____

Transportation paid? None Air Bus Other

Lodging paid? Yes No

Off-campus lodging location _____ Visitor Names _____

On-campus lodging location _____

Name of Student Host _____

Complimentary Admissions needed (max of 3 per event on-campus)? Yes No

Which Events _____

Coach Signature

Date

Sarah Levesque, Associate AD/SWA

Date

Approval for Visit

Approval for Travel

OAC office use only:

- _____ Added to IRL
- _____ Permission to speak
- _____ Outside Dead Period
- _____ Not longer than 48 hrs.