

**LIPSCOMB ATHLETICS COMPLIANCE PROGRAM**  
**EXPENSE-PAID PRE-APPROVAL AND SUMMARY FORM**

Name: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Probable Date of Visit: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_ (\_\_\_\_) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

All of the following must be answered "YES" in order to provide an expense-paid visit:

1. Transcript on file at Institution: \_\_\_\_\_ (Y / N) High School \_\_\_\_\_ or College \_\_\_\_\_

AND

2. Test Score on file at Institution: \_\_\_\_\_ (Y / N) Test: \_\_\_\_\_ Score: \_\_\_\_\_

AND

3. Test taken on national testing date and under national testing conditions? \_\_\_\_\_ (Y / N)

Approved (Y / N) \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Official Visit Policies Summary Sent to Prospect: \_\_\_\_\_ (Y/N) Date Mailed \_\_\_\_\_

Student Host Form Signed by Student Host: \_\_\_\_\_ (Y/N)