Walk-On Certification
Office of Compliance Services - University at Albany

This form outlines the steps that a student must complete in order to participate in activities designated as practice per NCAA Bylaw 17.02.1 at the University at Albany. It is necessary to confirm that each student meets the basic eligibility, academic and physical/health requirements for participation. The student will not be allowed to participate or receive equipment until he/she has completed this entire form and returned it to their respective coach.

Full Name of Student: ____________________________________________________________
Sport(s): _____________________________________________ UA ID #: _____________________
UA Email: ____________________________ Mobile #: ____________________________

Step #1 – I certify that I am a full-time student and enrolled in a program of studies leading to a baccalaureate/graduate degree and to the best of my knowledge and in good health and physically fit for practice and competition. I agree to comply with all rules and regulations of the University at Albany, the America East (Colonial Athletic Association: MFB only, Metro Atlantic Athletic Conference: WGO only), and the NCAA. I understand that I will not be allowed to participate until I have acquired the signatures of each office below.

___________________________________________ ______________
Student’s Signature Date

Step #2 – The above named student will be given permission to practice with my team once all eligibility and physical requirements are properly documented. I understand that this student is not allowed to receive any equipment or participate in a practice session until he/she has returned a completed copy of this form to me.

___________________________________________ ______________
Head Coach’s Signature Date

Step #3 – The above named student has completed all physical and medical requirements for athletics participation.

___________________________________________ ______________
Athletic Trainer’s Signature Date

Step #4 – The above named student has been regularly admitted, is enrolled as a full-time student at the University at Albany and completed all athletics forms in ARMS.
Temporary Practice Dates: ________________________________

___________________________________________ ______________
Compliance Office Signature Date

Return this form to the Office of Compliance Services, 3rd Floor, PE Building.
You may not participate in any UAlbany-sponsored sport until you have completed NCAA, Conference, and University athletics participation forms.

Cc: Athletic Training, Strength Staff, Academic Services, Head Coach

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OFFICE OF COMPLIANCE SERVICES USE ONLY

ATHLETIC FORMS COMPLETED IN ARMS: Yes ☐ No ☐

BACKGROUND INFORMATION

1. Date of Initial Enrollment: ______________________

2. Date of UAlbany Enrollment: ______________________

3. Enrolled in 12 hours: Yes ☐ No ☐

4. Freshmen
   a. NCAA Initial Eligibility Status
      Academics: Qualifier ☐ Academic Redshirt ☐ Nonqualifier ☐
      Amateurism: Certified ☐ Certified with Conditions ☐ Not Certified ☐

5. Recruited Student-Athlete: Yes ☐ No ☐

6. Two-Year College Transfer
   a. NCAA Initial Eligibility Status
      Academics: Qualifier ☐ Academic Redshirt ☐ Nonqualifier ☐
      Amateurism: Certified ☐ Certified with Conditions ☐ Not Certified ☐
   b. A.A. Degree: Yes ☐ No ☐ Date Received: __________
   c. Transfer tracer(s) on file: Yes ☐ No ☐

7. Four-Year College Transfer
   a. Permission to contact from former four year institution: Yes ☐ No ☐
   b. Granted one-time transfer exception, if applicable: Yes ☐ No ☐

8. Continuing Student
   a. Sophomore ☐ Junior ☐ Senior ☐ Graduate Student ☐
   b. Total credits earned:________
   c. Cumulative GPA:________

ELIGIBILITY

1. Practice and Competition: Yes ☐ No ☐ Start Date: __________
2. Practice Only: Yes ☐ No ☐ Dates: __________
3. Temporary Practice: Yes ☐ No ☐ Dates: __________

ADDITIONAL NOTES

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Compliance Office Signature ___________________________ Date __________

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