UNITED STATES POLO ASSOCIATION INTERCOLLEGIATE REGISTRAR VERIFICATION FORM

TO BE COMPLETED BY UNIVERSITY REGISTRAR OFFICE

Due January 31st

Name of College/University						Men or Women			Date Completed		
							Circle	e one			
		Student Name in Alphabetical Order (please print legibly)	Student ID #	Date of Birth	Student Signature	Is Student enrolled as a full time student on the main campus? (Y or N)	Is Student an under- graduate? (Y or N)	Is Student a graduate student (Y or N)	Date of Student's full- time matriculation at this university:	To your knowledge, was this student enrolled full-time at any other college/university prior to matriculation at this institution?	If yes, date of full time matriculation at previous institution:
	1.										
	2.										
	3.										
	4.										
	5.										
	6.										
	7.										
	8.										
To be completed by Participant To be completed by Registrar											1
		;			GN THIS FORM, AND AFFIX THE COLL	•			IBILTY.		
USPA	Collegi	ate Eligibility Rules:	Plea	ise do not fax.	Must be uploaded to SportsEngine	with the university	seal clearly visibl	le.			
	-	• ,	ime student in good stand	ng, making pro	gress toward a degree on the main ca	ampus which the coll	ege/university polo	team represents.			
	•	A student must be an undergraduate eligibility requirements listed in the In	or graduate student of th tercollegiate/Interscholasti	e college that l	he/she represents, as verified through Conditions.	the college/univers	ity's Registrar's offi	ice and meet all			
	•				preceding the date of the intercollegia matriculation, at any college or univer				nt institution, in whic	ch to complete	
	• waiv	•	ity after being enrolled at	a college or u	niversity will have the five-year perio	d extended for the I	ength of that milit	ary service, upper	age limit requireme	ent will be	
• A graduating senior in final semester/quarter may carry less than a full academic load. A letter from the university must verify. This allowance is permitted only once. For questions about the Intercollegiate Eligibility Rules, contact USPA (1-800-232-8772) or you may consult the USPA website at www.uspolo.org .									ACE SEAL BELOW	1	
		it the above named students med by the college/university (with			dicated by the answers above, a tudent ID#, and date of birth).	and that this form	and all copies w	vere			
Name of Registrar (please print)			Signati	ıre		Date					

Phone #

Email