



USCSA Academic Affairs Appeals Form

Student Name: _____ USCSA ID#: _____
 Submission Date: _____ Year in School _____
 Years of Competition in USCSA _____

BASIC INFORMATION

School		GPA & Credits	
<input type="checkbox"/> <i>Alpine</i>	<input type="checkbox"/> <i>Freestyle</i>	<input type="checkbox"/> <i>Snowboard</i>	<input type="checkbox"/> <i>Nordic</i> <input type="checkbox"/> <i>Jumping</i>

DESCRIPTION OF ELIGIBILITY ISSUE**REASON FOR CONSIDERATION**

Rules Cited _____
 Coach _____
 Prior Institutions _____

*** PLEASE MAKE SURE TO INCLUDE FULL TRANSCRIPTS FROM ALL INSTITUTIONS ***

(Transcripts may be unofficial, snapshots out of the University's system)

*** IF MEDICAL REASON CITED, PLEASE SUBMIT DOCUMENTATION FROM PHYSICIAN ***

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