



Spring Evaluation Designation Form (Football)

1. The Spring Evaluation Designation Form must be completed to designate, in writing, the twenty (20) days for off-campus evaluations.
2. The Head Coach will complete the Spring Evaluation Designation Form by marking an “X” on the dates that represent the four weeks that the football staff will utilize for off-campus evaluations of prospects.
3. The Head Coach will submit the Spring Evaluation Designation Form to the Compliance Office at least one (1) week prior to the initial evaluation date.
4. The Compliance Office will review the Spring Evaluation Designation Form to ensure that the information provided is complete and complies with NCAA legislation.
5. The Compliance Office will submit the Spring Evaluation Designation Form to the Sport Administrator for review and signature.
6. The Sport Administrator will return the Spring Evaluation Designation Form to the Compliance Office.
7. The Compliance Office will keep the Spring Evaluation Designation Form on file.



Spring Evaluation Designation Form (Football)

In accordance with NCAA Bylaw 30.11.3-(f), the following dates represent the four (4) weeks (Monday through Saturday) during April 15 through May 31 (excluding Memorial and Sundays), selected at the institution's discretion and designated in writing in the Office of the Director of Athletics that the football staff will utilize for off-campus evaluations of prospective student-athletes. An authorized off-campus recruiter may use one evaluation to assess the prospect's athletic ability and one evaluation to assess the prospect's academic qualification.

Please indicate those days selected for evaluations during the April 15 through May 31 evaluation period as shown in this sample.

May 2007 (Sample)

Table with 7 columns (Sunday-Saturday) and 2 rows. Includes 'X' marks in various cells and numbers 1-11.

April 2007

Table with 7 columns (Sunday-Saturday) and 5 rows. Contains numbers 1-30.

May 2007

Table with 7 columns (Sunday-Saturday) and 5 rows. Contains numbers 1-30.

Head Coach Signature _____ Date _____

Sport Administrator Signature _____ Date _____

Compliance Office Signature _____ Date _____