

# OFFICIAL VISIT PRE-APPROVAL FORM



FOR UVU COACHES

Please provide this pre-approval form to the Compliance Office a minimum of **three business days** before travel for a prospective student-athlete is booked or **one week** prior to a prospective student-athlete's arrival on campus, whichever is earlier. NCAA rules state that an official visit may not exceed 48 hours.

**Please indicate the status of the prospective student-athlete's transcripts and test scores.**

Transcripts and Test Scores Attached       Transcripts and Test Scores already with Compliance

## PROSPECTIVE STUDENT-ATHLETE INFORMATION

Date \_\_\_\_\_ Coach \_\_\_\_\_ Sport \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ High School / JC / College \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
NCAA ID: \_\_\_\_\_ Will a student host be used?  Yes  No Name of student host: \_\_\_\_\_  
Test Scores:  SAT \_\_\_\_\_  ACT \_\_\_\_\_

## VISIT INFORMATION

Date and Time of Arrival: \_\_\_\_\_ Date and Time of Departure: \_\_\_\_\_ Mode of Transportation: \_\_\_\_\_

List the name and relationship of anyone accompanying the prospect on the visit\*:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Requested meeting time with compliance during visit: \_\_\_\_\_

***\*You are only allowed to pay the air transportation for the prospect***

## FOR COMPLIANCE USE

### TRANSFER STUDENTS

Transfer Student:  2-4  4-2-4  4-4  
Collegiate transcript from attending institution(s) received:  Yes  No Transfer release received (four-year transfers):  Yes  No

### HIGH SCHOOL STUDENTS

High School Prospect  Yes  No  
High School Transcripts Received:  Yes  No  
Test Score Received:  Yes  No  
May this prospect be provided an official visit:  Yes  No  
Registered and Activated in Eligibility Center:  Yes  No  
Compliance Signature \_\_\_\_\_ Date \_\_\_\_\_

## POST-VISIT

MADE VISIT TO UVU     MET WITH COMPLIANCE     RETURNED PAPERWORK

Please complete all fields in this form and return to the compliance office. Incomplete forms will be discarded.