



APPLICATION FOR DIVISION III REVOKING MULTIDIVISION CLASSIFICATION

**MUST BE RECEIVED IN THE NATIONAL
OFFICE NOT LATER THAN MAY 15.**

1. Institution name: _____
Institutional ID: _____ Date of Submission: _____

2. Address: _____

City: _____ State: _____ Zip code: _____

3. What is your institution's current membership classification?

4. Please list other intercollegiate athletics associations with which your institution is affiliated.
Men: _____ Women: _____

5. Is your institution revoking your multidivision classification for all sports?

6. List all athletics conferences of which your institution is a member and the sports in which you compete in that conference:
Men: _____

Women: _____

7. a. Is your institution aware of the reclassification process that must be completed prior to being eligible for competition in the Division III championship for the sport in question?
(See NCAA Division III Bylaw 20.4.3)

Yes No

7. b. Is your institution aware that it must comply with all Division III bylaws for the sport in question during the two-year reclassification period?
(See Bylaw 20.4.3.2)

Yes No

This application is made in good faith, with full knowledge and acceptance of the conditions and obligations of Division III Revoking Multidivision Classification (Bylaw 20.4.3).

Signed: (Chancellor or President)

Printed name

Date

Signed: (Faculty Athletics Representative)

Printed name

Date

Signed: (Director of Athletics)

Printed name

Date

Signed: (Director of Athletics)

Printed name

Date

Signed: (Senior Woman Administrator)

Printed name

Date

**PLEASE RETURN THIS COMPLETED APPLICATION
IN ELECTRONIC FORMAT (e.g., FLASH DRIVE) TO:**

**NCAA
Division III
Attn: Debbie Brown
P.O. Box 6222
Indianapolis, Indiana 46206-6222**

OVERNIGHT DELIVERY
**NCAA
Division III
Attn: Debbie Brown
1802 Alonzo Watford Senior Drive
Indianapolis, Indiana 46202
Phone: 317/917-6617**