

APPLICATION FOR RECLASSIFICATION FROM FOOTBALL CHAMPIONSHIP SUBDIVISION (FCS) TO FOOTBALL BOWL SUBDIVISION (FBS)

Institutions are required to submit the application electronically (i.e., flash drive or CD). The application and supporting materials must be submitted in a single bookmarked PDF document.
Please not include photographs in your application materials.

Date: _____

Name of institution: _____

Institution's Address: _____

City and State: _____ Zip Code: _____

Chief executive officer: _____

Title and Address: _____

Telephone: _____ Facsimile: _____

E-mail address: _____

Individuals who are authorized to request interpretations on behalf of a member institution are the chief executive officer (or designee), faculty athletics representative, athletics director (or designee), senior woman administrator and the compliance coordinator.

Please complete the following:

Compliance coordinator: _____

Title and Address: _____

Telephone: _____ Facsimile: _____

E-mail address: _____

Most compliance-related forms will be forwarded to only one of the aforementioned five people.
Please indicate who should receive these forms: _____

Total full-time undergraduate enrollment for current semester or term (not including extension or evening students): _____

Men: _____

Women: _____

Indicate your institution's classification:

Public: _____

Private: _____

What regional agency has accredited your institution? _____

Is your institution a member of another intercollegiate athletics associations? (If so, please list them.)

Men: _____

Women: _____

Has your institution previously submitted a membership application for FBS status?

Yes: _____

No: _____

If yes, what was the date of your application: _____

Number of varsity sports sponsored (men/women):

Men: _____

Women: _____

List the Football Bowl Subdivision (FBS) athletics conference in which your institution has accepted membership and the sports in which you will compete in that conference:

Men: _____

Women: _____

List the number of years in which your institution has been classified as an active FCS member:



Faculty Athletics Representative:

Director of Athletics:

Signature

Signature

Printed

Printed

Date

Date

Senior Woman Administrator:

Chief Executive Officer:

Signature

Signature

Printed

Printed

Date

Date

**PLEASE SEND COMPLETED FORM, STRATEGIC PLAN (PER NCAA BYLAW 20.4.2.1.2)
IN A SINGLE ELECTRONIC BOOKMARKED PDF DOCUMENT AND A CHECK IN THE
AMOUNT OF \$5,000 FOR PAYMENT OF THE APPLICATION FEE TO:**

Steve Mallonee
NCAA Academic and Membership Affairs
NCAA – P.O. Box 6222 – Indianapolis, Indiana 46206-6222
Phone: 317/917-6222 – Facsimile: 317/917-6622

