



**APPLICATION FOR RECLASSIFICATION  
TO NCAA DIVISION I MEMBERSHIP**

**MUST BE RECEIVED IN THE NATIONAL OFFICE  
NOT LATER THAN JUNE 1 WITH ALL SUPPORTING DOCUMENTATION.**

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 do not include photographs in your application materials.

1. Institution name: \_\_\_\_\_

2. Street address or P.O. Box: \_\_\_\_\_

\_\_\_\_\_

City / State: \_\_\_\_\_ Zip code: \_\_\_\_\_

3. Chancellor or President: \_\_\_\_\_

Title and address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_ / \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_ / \_\_\_\_\_

4. Faculty athletics representative: men's  women's  both

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

Academic title and address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_ / \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_ / \_\_\_\_\_

Faculty athletics representative: men's  women's  both

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

Academic title and address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_ / \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_ / \_\_\_\_\_

5. Director of athletics: men's  women's  both

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

Academic title and address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_ / \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_ / \_\_\_\_\_

Director of athletics: men's  women's  both

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

Academic title and address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_ / \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_ / \_\_\_\_\_

**NCAA Constitution 4.02.4 defines a senior woman administrator as the highest-ranking female administrator involved in the management of an institution's intercollegiate athletics program.**

6. Senior woman administrator: \_\_\_\_\_

Title and address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_ / \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_ / \_\_\_\_\_

7. Individuals who are authorized to request interpretations on behalf of an institution are the chancellor or president (or designee), faculty athletics representative, director of athletics (or designee), senior woman administrator and compliance coordinator. Please complete the following even if the compliance coordinator is one of the individuals already listed:

Compliance coordinator: \_\_\_\_\_

Title and address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_ / \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_ / \_\_\_\_\_

8. Describe the process and the individuals involved that your institution used to determine your institution's decision to apply for Division I membership (e.g., feasibility study, interest study). Please attach additional documentation if necessary. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Total full-time undergraduate enrollment for current semester or term (not including extension or evening students): \_\_\_\_\_ (men: \_\_\_\_\_ ; women: \_\_\_\_\_).
10. Indicate your institution's classification: Public  Private
11. Does your institution offer at least one four-year (or two-year upper level) curriculum leading to a Bachelor of Arts or Bachelor of Science degree? Yes  No
12. What regional agency has accredited your institution? \_\_\_\_\_
13. Is your institution a member of any other intercollegiate athletics associations? If so, please list them.  
Men: \_\_\_\_\_ Women: \_\_\_\_\_
14. Has your institution previously submitted a membership application to the NCAA? Yes  No   
If yes, what was the date of your application? \_\_\_\_\_
15. List the years in which you have been an active Division II member? \_\_\_\_\_
16. List the Division I multisport conference in which your institution has accepted membership and the sports in which you will compete in that conference:  
  
Conference: \_\_\_\_\_  
  
Men: \_\_\_\_\_  
\_\_\_\_\_  
Women: \_\_\_\_\_  
\_\_\_\_\_
17. Has the conference approved your initial strategic plan? [Note: NCAA Bylaw 20.5.2.3 requires approval.]  
Yes  No
18. Does your institution sponsor football? Yes  No

19. Financial Aid.

- a. Has your institution meet the minimum athletically-related financial aid requirements for the most recent academic year?

(See Division I Bylaw 20.9.3.2) Yes  No

- b. What option did you satisfy? \_\_\_\_\_

20. Complete the chart by listing all varsity intercollegiate sports involving all-male teams, all-female teams and mixed male-female teams sponsored by your institution.

The season in which the sport occurs is determined by when the majority of an institution's contests or dates of competition occur:

Fall: September through December  
 Winter: December through March  
 Spring: February through May

**Fall Sports**

Varsity Sport	Men's Team	Women's Team	Mixed Team	Number of Contests in 17-18 <sup>1</sup>	Number of Participants in 17-18 <sup>2</sup>	Number of Contests in 18-19 <sup>3</sup>	Number of Financial Aid Awards <sup>4</sup>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

**Winter Sports**

Varsity Sport	Men's Team	Women's Team	Mixed Team	Number of Contests in 17-18 <sup>1</sup>	Number of Participants in 17-18 <sup>2</sup>	Number of Contests in 18-19 <sup>3</sup>	Number of Financial Aid Awards <sup>4</sup>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

**Spring Sports**

Varsity Sport	Men's Team	Women's Team	Mixed Team	Number of Contests in 17-18 <sup>1</sup>	Number of Participants in 17-18 <sup>2</sup>	Number of Contests in 18-19 <sup>3</sup>	Number of Financial Aid Awards <sup>4</sup>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

- <sup>1</sup> This information should indicate the number of contests completed in the appropriate sport against four-year institutions.
- <sup>2</sup> This information should indicate the approximate number of participants who will be on the roster in the appropriate sport.
- <sup>3</sup> This information should indicate the number of contests scheduled in the appropriate sport against four-year institutions.
- <sup>4</sup> This information should reflect the number of equivalent full scholarship grants awarded in the appropriate sport to all student-athletes in that sport. This figure should be the total dollar amount of athletics aid and other countable aid (as determined by the institution) divided by the cost of a full grant at the institution. Per NCAA legislation, a full grant consists of tuition, fees, room and board, and books. Documentation must accompany this application that verifies the figures.

**This application is made in good faith, with full knowledge and acceptance of the “Conditions and Obligations of NCAA membership.”**

**Note: All individuals listed on pages 1 and 2 must sign below.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Chancellor or President)

Print \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Faculty Athletics Representative)

Print \_\_\_\_\_ men's  women's  both

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Faculty Athletics Representative)

Print \_\_\_\_\_ men's  women's  both

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Director of Athletics)

Print \_\_\_\_\_ men's  women's  both

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Director of Athletics)

Print \_\_\_\_\_ men's  women's  both

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Senior Woman Administrator)

Print \_\_\_\_\_

**THIS APPLICATION, ACCOMPANYING FEE OF \$1,610,000 (TO BE PAID THROUGH ELECTRONIC TRANSFER) AND SUPPORTING DOCUMENTATION (SUBMITTED IN A SINGLE PDF BOOKMARKED DOCUMENT) MUST BE RCEIVED IN THE NATIONAL OFFICE NOT LATER THAN JUNE 1. COMPLETION OF THIS APPLICATION IN NO WAY IMPLIES OR ENSURES APPROVAL OF MEMBERSHIP.**

**Please mail to:**

**Steve Mallonee  
NCAA – Academic and Membership Affairs  
P.O. Box 6222  
Indianapolis, Indiana 46206-6222**

**Overnight delivery: 1802 Alonzo Watford Senior Drive  
Indianapolis, Indiana 46202**

**Phone: 317/917-6222**