

APPLICATION FOR DIVISION I MULTIDIVISIONAL MEMBERSHIP – RECLASSIFICATION OF SPORT OF THE OPPOSITE GENDER

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: _____

NOTE: This form is only for Division II or Division III institutions that had one sport classified in Division I during the **2010-11** academic year.

Name of institution: _____

Current NCAA Status: _____

Sport (other than football or basketball) for
which your institution is seeking Division I status: _____

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 Multidivisional status?

Yes: _____

No: _____

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

List all athletics conferences of which your institution is a member:

Men: _____

Women: _____

Number of varsity sports currently sponsored (men/women):

Men: _____

Women: _____



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 20.4.1.1.1)
IN A SINGLE ELECTRONIC BOOKMARKED PDF DOCUMENT AND A CHECK IN THE
AMOUNT OF \$10,000 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

