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