

PLEASE FILL OUT ALL BLUE QUESTIONS
NWAACC TRACER REPORT
FOR STUDENTS TRANSFERRING FROM ANOTHER COLLEGE

To: _____ **From:** Sean Mondragon
Director of Athletics
Lane Community College
Fax: (541) 463-3979 **Date:** _____

The information requested below is needed to determine a student's athletic eligibility. The student and we would appreciate a prompt return of this form. If you have any questions, please call: Sean Mondragon or Sharon Foster (541) 463-5599

Thank you for your assistance and cooperation.

It is my request that the information below be sent to the appropriate college officials.

Student Signature: _____ Date: _____

TO BE COMPLETED BY STUDENT-ATHLETE:

_____ Male Female _____
Full Name of Student Please Circle Social Security Number Date of Birth

From _____ To _____
Dates student attended your institution Sports participated in

TO BE COMPLETED BY STUDENT ATHLETE'S PREVIOUS COLLEGE:

Did this student attend your college? Yes No Date attended _____ - _____
From To

Did this student sign a Letter of Intent? Yes No

Did this student participate* in intercollegiate athletics at your institution? Yes No

Was this student injured while participating in a scheduled game, meet or match? Yes No

*The NWAACC Athletic Code defines participation as "Participation in any contest, other than an approved scrimmage, regardless of time, shall be counted as one season as one season of competition in that sport and the participant will have used one year of collegiate eligibility."

If yes, what sport(s), number of contests, and year(s)?

1. Sport _____ Number of Contests _____ Month and Year _____
2. Sport _____ Number of Contests _____ Month and Year _____
3. Sport _____ Number of Contests _____ Month and Year _____

What was the student's last date of attendance? _____

Do you have knowledge of any attendance by this student at another post-secondary institution? Yes No If so, please indicate the name of the institution and the date(s) of attendance.

Institution _____ Date attended _____ - _____

Name of person completing this form (please print) _____

Signature _____ Title _____ Date _____

Please return to: Sean Mondragon Office (541) 463-5599
Athletic Director Fax (541) 463-3979
Lane Community College