

STUDENT ATHLETE
GRADE POINT AVERAGE RELEASE FORM

I, _____ do hereby authorize that my Grade Point Average (GPA) be released to and reviewed by the Student Activities Counselor and/or Director of Student Services to certify my qualification to hold a position in the New River Community College _____ club sports team.

VCCS Sport GPA Requirements:

Returning player-----2.0 (cumulative and semester)

First semester player-----1.75 (cumulative and semester)

Signature_____

Date_____

Emplid:_____

Please list a current telephone number where you can be reached when not at the college:

Home:_____

Work:_____

Cell Phone:_____

Email Address:_____

For Office Use Only

Number of successfully completed credit hours_____

Cumulative Grade Point Average_____

Semester Grade Point Average_____

Player Approved_____

Disapproved_____

Disapproved
(Please state the reason disapproved)

Certified by_____

Date:_____