UNIVERSITY OF MINNESOTA

Student-Athlete Hearing Request Form
Office of Athletic Compliance

HEARING REQUEST FORM: NCAA Bylaws 13.1.1.3, 14.5.2.10, and 15.3.2.4

Under the NCAA rules, you may request a hearing before a committee composed of individuals outside of the athletic department if any of the following actions have been taken by the athletic department:

- You have been denied permission to be contacted by another institution
- You have been denied permission to use the one-time transfer exception
- Your athletic scholarship was reduced or cancelled during the period of the award
- Your athletic scholarship was reduced or not renewed for the next academic year

In order to obtain such a hearing, you must notify the Director of Athletic Compliance, in writing, within 14 calendar days of the date of the correspondence informing you of the department’s action. If you wish to appeal this decision, please complete the bottom half of this form and forward to:

Director of Athletic Compliance
230 Bierman Field Athletic Building
516 15th Avenue SE
Minneapolis, MN  55455

Or by email: bruet001@umn.edu
Or by fax: 612-624-5026

I hereby request a hearing involving the following issue (please check one of the following)

- [ ] Denial of permission to contact
- [ ] Denial of permission to use one-time transfer exception
- [ ] Reduction or cancellation of my athletic aid during the period of the award
- [ ] Reduction or cancellation of my athletic aid for the next academic year

Name ___________________________ Date _______________________

Sport ___________________________

Signature ___________________________

Under University of Minnesota policy, we may not discuss this issue or provide any information to your parents. If you would like your parent(s) to be able to contact the University and receive information, please complete the release below.

I also give the University of Minnesota permission to release information to and contact my parent(s) or legal guardian regarding this matter.

Signature ___________________________ Date _______________________
Name of Parent or Guardian ___________________ Telephone Number __________
Address ____________________________________________