



WILMINGTON UNIVERSITY ATHLETICS

OFFICIAL VISIT PRE-APPROVAL FORM

PSA Name: _____

Address: _____

Phone: _____

SS# _____

Date of visit: _____

Arrival time: _____

Departure time: _____

Name(s) of those accompanying PSA and relationship: _____

Status: High school senior 2-year transfer (2nd full year)
 4-year transfer

Will meals be provided? Yes No

How will meals be provided? _____

How will student get to Wilmington University?
 Plane Bus Driving self or parents driving

Who will be picking student up at airport? _____

Is the University paying for the PSA's transportation to and from Wilmington University?

Yes No

If "yes", what is the estimated cost of transportation? _____

Is the University paying for the PSA's lodging? Yes No

If "yes", what is the estimated cost of lodging and where will PSA be staying? _____

Name of student-athlete host: _____

As a reminder, all appropriate paperwork must be submitted to the Compliance Coordinator before this form will be approved. All HS PSA's must submit an official copy of their SAT or ACT score prior to visiting and a copy of their high school transcripts. All PSA's must be registered in the NCAA Clearinghouse and be on the University's IRL. Two-and four-year transfers must provide a recent copy of all transcripts. Four-year transfers MUST have a release on file.

Coach Signature: _____

For Office Use Only:

Budget checked: Yes No Money in budget for visit: Yes No
Budget approval: _____

Test scores on file: Yes No NA Release on file: Yes No NA

Transcripts on file: Yes No NA

PSA in Clearinghouse: Yes No

PSA on IRL: Yes No

Compliance Coordinator Signature: _____