

## BAYLOR UNIVERSITY ATHLETICS COMPLIANCE TRANSFER INFORMATION REQUEST 4 YEAR INSTITUTION

Sent	To: Jenny Bellomy		From:	Mabrie Hermann	
Title:		ance	Title:	Asst. Director of Compliance	
School: Boise State Uni		ersity	Phone:	(254) 710-3186	
Fax	# (sent via email)	(sent via email)		(254) 710-1527	
inten	collegiate athletics of a si d appreciate your assista	tudent-athlete, name ince in providing the	d below, w	wing the eligibility status for ho has attended your institution. We requested below. Thank you.	
		요즘 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다.		ant to Bylaw 13.1.1.37 PYES NO	
2. Y	our institution is: □NAIA	NCAA Div. III	□ NCAA I	Div. II NCAA Div. 1 - Supdivision: 1-65	
3. D	Date of entrance at your school: 6(201) *Date of last withdrawal: 5/20) 3				
4. V	Vas their attendance con	tinuous? DES [	NO *Wen	e all the terms full-time?─⊠YES □NO	
5. C	Did this student transfer to your school? YES ONO *Other Schools:				
6. P	our school:				
	iport: Football	Year/Term: 201	.12,	☐ Competed ☐ racticed Only ☐ Medical ☐ Athletics Fin. Aid	
s	port: Tootball	Year/Term: 20	12.13	Competed Practiced Only Medical Athletics Fin. Aid	
S	port:	Year/Term:		☐ Competed ☐ Practiced Only ☐ Medical ☐ Athletics Fin. Aid	
7. V	Was this student officially recruited by your institution, as defined by NCAA rules? ☐ XES ☐ NO				
8. D	Did this student enter your institution as a freshman? VES INO				
9. D	Did this student sign a National Letter of Intent with your institution? ☐ ☐NO				
10. V	10. Was this student certified as a Qualifier by the NCAA Eligibility Center?  VES  NO				
11. H	las this student satisfied	NCAA continuing elig	jibility requ	irements? DAES ONO	
12. Has this student completed six hours of degree-applicable credit in their last term?					
13. V	Vas this student in "good	academic standing"	upon withd	rawal from your institution? SES NO	
14. H	las this student been sus ☐ YES ☐ NO	pended or disqualifie	d from you	r institution for disciplinary reasons?	
15. H	las this student been dec	lared as "Medically D	Disqualified	as per Bylaw 15.5.1.3? YES NO	
	YES ANO			ansfer Exception for this student?  o your institution? VES INO	
	ed Name: Jonny A		Signature		
Offici	al Title: Decotor	of Complane	Date:	5/29/13	

Please return this completed form by fax to the Baylor Compliance Office at (254) 710-1527.