



**40th National Collegiate Taekwondo
Championships
April 4-5, 2015**



FORM A

CERTIFICATION OF COLLEGIATE STATUS

THIS FORM MUST BE CERTIFIED WITH AN OFFICIAL SEAL AND SIGNATURE BY YOUR COLLEGE OR UNIVERSITY ON OR AFTER February 1, 2015.

COMPETITOR NAME: _____ DOB: _____

COMPETITOR BELT COLOR _____

COMPETITOR DIVISIONS (FORMS, SPARRING, OR BOTH) _____

COLLEGE / UNIVERSITY: _____

YEAR IN COLLEGE / UNIVERSITY: freshman / sophomore / junior / senior / graduated / graduate student

MAJOR: _____

I, _____, authorize NCTA officials to confirm my status as an officially registered student pursuing a degree with the college/university official listed below

_____ (signature) _____ (date)

The official school seal/stamp and signature (below) verifies that the above-named competitor is EITHER (please check one)

currently registered as a half-time or greater student for SPRING Term 2015 at the above-named college or university (half-time status is usually defined as 6 or more university equivalent credits),

OR

graduated from the above-named college or university in 2014 or 2015.

Signature and Title of college/university official _____

Phone number of college/university official _____

Date (must be on or after February 1, 2015) _____

School Seal/Stamp: