



42nd National Collegiate Taekwondo Championships April 1-2, 2017

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, 2017.

COMPETITOR NAME:		DOB:
PHONE NUMBER:	EMAIL:	
COMPETITOR DIVISIONS (i.e. black belt forms and	sparring, include belt color):	
COLLEGE / UNIVERSITY:		
YEAR IN COLLEGE / UNIVERSITY: freshman / soj	phomore / junior / senior / graduated	l / graduate student
MAJOR:	Student ID #:	
I,, authorize registered student pursuing a degree with the college/u	NCTA officials to confirm my statuniversity official listed below	s as an officially
	(signature)	(date)
The official school seal/stamp and signature (below) v check one)	erifies that the above-named compe	titor is EITHER (please
university (half-time status is usually defined as 6 or n		ove-named college or
OR		
graduated from the above-named college or univers	sity in 2016 or 2017.	
Signature and Title of college/university official		
Phone number of college/university official		
Date (must be on or after February 1, 2017)		
School Seal/Stamp:		20, 2017 ase signature required.

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