



UNIVERSITY OF
NOTRE DAME

Fifth Year Application

FORM 6

TO BE COMPLETED BY THE
ATHLETIC DIRECTOR

Student Name _____ **Sport** _____
Last First Middle Initial

Student ID# _____ **Current Phone #** _____

The student listed above is applying for a fifth academic year to complete athletic eligibility. Please check the appropriate box below and return this form.

I recommend this student-athlete for a 5th year to complete his/her athletic eligibility.

Yes No

If no, please comment:

SIGNATURE

Athletic Director Date

Please sign and fax (1-8682) to the Office of Academic Services

