



UNIVERSITY OF
NOTRE DAME

Fifth Year Application

FORM 7

TO BE COMPLETED BY THE
DIRECTOR OF COMPLIANCE

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.

This student-athlete has been verified by the Director of Compliance and is eligible for a 5th year to complete his/her eligibility.

Yes No

If no, please comment:

SIGNATURE

Director of Compliance *Date*

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

