



Prospect Information:

Name: _____

Sport: _____

Visit Type: Official Unofficial

Evaluation Information:

- Did the evaluation take place?
- Did the evaluation not take place?

Reason the evaluation did not occur: _____

Date of OCE: _____

OCE Start Time: _____ OCE End Time: _____ **OCE cannot last more than 2 hours*

Facility for OCE: _____

Did current student-athletes participate in the OCE? ____*Yes ____ No

**If yes, please note their participation will count toward the applicable hourly and weekly hour limits for countable athletically related activities and are subject to all in-season and out-of-season NCAA rules.*

By signing this form, I confirm that all of the aforementioned information is truthful and complete.

Head Coach Name (Please Print)

Head Coach Signature

Date

Prospect Name (Please Print)

Prospect Signature

Date

Please submit this form with:

- Pre-Approval On-Campus Evaluation Form
- Unofficial Visit Form