2020 Midwest Tennis On Campus Sectional Championship

Registrar Certification Form

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| **Registrar** C**ertification** F**orm** | Midwest Tennis On Campus Championship at  Nielsen Tennis Stadium  University of Wisconsin  February 21 - 23, 2020 | To be completed by the Registrar: |  |
| Player’s Name | Player’s email | UG/GR | Current Credit Hours |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| **\*\*REGISTRAR\*\***  Please verify the above information. I certify that the above \_\_\_\_ (#) listed student-athletes are currently enrolled for the above stated credit hours and have paid the appropriate student fees. (Note: College/University seal of certification must be placed on this form to validate all the above information.  Full-time enrollment = \_\_\_\_ credit hours UG  I**nstitution’s Registrar or Rec Sports Director:**  **Phone Date** |  | Place School  Seal Here |  |
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