

NEW YORK STATE PUBLIC HIGH SCHOOL
ATHLETIC ASSOCIATION, INC.

SECTION NINE
DURATION OF COMPETITION
EXTENSION APPLICATION (Standard 8i)
TO BE FORWARDED TO ELIGIBILITY COMMITTEE

I. Personal Data

Pupil Name: _____ Telephone #: _____
Address: _____ Zip Code: _____
Age: _____ Date of Birth: _____
School: _____
School Telephone #: _____
Seasons and Sports Requested: _____
Pupil's Athletic History:

Sport	No. of Seasons Participated	School Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Date of Entry (Beginning of Sport Participation in High School Level of Competition). Attach Transcript

A. Date of entry into ninth grade: _____
Month Day Year
B. Date of entry into eighth grade: _____
Month Day Year
C. Date of entry into seventh grade: _____
Month Day Year

III. Reason for Request for Extension

Describe the reason for requesting an extension for duration of Competition as it relates to the appropriate circumstance and attach supporting documents providing such evidence. The evidence must include documentation showing that as a direct result at the illness, accident, or similar circumstance, the pupil will be required to attend school for one or more additional semesters in order to graduate.

A. Illness:

B. Accident:

C. Other Circumstances:

Superintendent's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Athletic Director's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

APPROVED Signature: _____ Date: _____
Fred Ahart, Eligibility Chairperson

DISAPPROVED