



## National Collegiate Roller Hockey Association

c/o Brennan Edwards  
4733 Torrance Blvd. #618  
Torrance, CA 90503  
p: (310) 753-7285  
f: (310) 347-4001

### Graduate Student Enrollment Form (2017-2018)

*This form is required for all graduate students, for each semester/quarter enrolled, in addition to being listed/verified by the Registrar on the Player Enrollment Verification Form. It is to be returned to the proper Member Organization by October 15<sup>th</sup> for 1<sup>st</sup> semester or February 1<sup>st</sup> for 2<sup>nd</sup> semester, or sooner, per Member Organization requirements. See Player Enrollment Verification Form for Member Organization mailing addresses.*

College or University: \_\_\_\_\_

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Past Affiliation with Team/Other NCRHA Teams :

Year: \_\_\_\_\_ School: \_\_\_\_\_

Year: \_\_\_\_\_ School: \_\_\_\_\_

Year: \_\_\_\_\_ School: \_\_\_\_\_

Year: \_\_\_\_\_ School: \_\_\_\_\_

Type of Degree currently in pursuit of : \_\_\_\_\_

Major / Area of Study: \_\_\_\_\_

Current Courses:

Course 1: \_\_\_\_\_

Course 2: \_\_\_\_\_

Course 3: \_\_\_\_\_

Course 4: \_\_\_\_\_

*For additional coursework, please attach additional pages.*

Current Term: (Circle one)      Fall      Winter      Spring

Current Year: (Circle one)      2017      2018

Signature: \_\_\_\_\_ Date: \_\_\_\_\_