



## National Collegiate Roller Hockey Association

c/o Brennan Edwards  
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### Graduate Student Enrollment Form (2016-2017)

*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)      2016      2017

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