



UNIVERSITY OF ARKANSAS ATHLETICS COMPLIANCE

Official Visit Pre-Approval Form

PSA INFORMATION:

PSA Name: _____ PSA Sport: _____

PSA Address: _____

PSA Phone: _____ PSA Email: _____ DOB: _____

High School: 2-Yr College (1st Yr): 2-Yr College (2nd Yr): 4-Year:

Name of PSA's HS, JUCO, or 4-Yr Institution: _____

Eligibility Center #: _____

Arrival Date: _____ Arrival Time: _____ Departure Date: _____ Departure Time: _____

OFFICIAL VISIT INFORMATION:

Mode of Transportation PSA: Flight Personal/Family Vehicle Other If Other: _____

Is anyone accompanying this PSA on his/her official visit? YES NO

Name & Relationship of All Individuals Accompanying PSA on Visit (Travel Party):

1. _____ Relationship to PSA: _____

2. _____ Relationship to PSA: _____

3. _____ Relationship to PSA: _____

4. _____ Relationship to PSA: _____

5. _____ Relationship to PSA: _____

Will overnight lodging occur on the official visit? YES NO

PSA Lodging: On Campus Off Campus Specify lodging location (e.g., Chancellor Hotel, Dorm, etc): _____

Number of hotel rooms being provided: _____ Number of Nights: _____

****Remember: Our institution may only provide lodging for up to four family members accompanying the PSA. Per NCAA rules, family members ONLY include: spouse, parent/legal guardian, child, sibling, grandparent, domestic partner or any individual whose close association with the PSA is the practical equivalent of a family relationship. (Adopted: 1/15/16 effective 8/1/16)*

FOR COMPLIANCE OFFICE USE ONLY

Copy of Transcript Received:

Copy of Test Score Received: ACT: _____ SAT: _____ PSAT: _____ PLAN: _____

Is PSA registered with the Eligibility Center: YES NO Date added to IRL: _____

Official Visit Itinerary Attached: Start time for 48 hours: _____ End time: _____

Copy of 5 Visit Letter

No Valid NLI On File With Eligibility Center

Outside Dead Period

If applicable, Permission to Contact Received:

If applicable, 2-Year Non-Qualifier Completed 1st Year of Enrollment

Compliance Staff Member Signature

Date



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Official Visit Expenditure Request Form

EXPENSE REQUESTS:

Entertainment Funds (\$40.00/day): _____

Local Coach's Expenses: _____

Meals: _____

Lodging: _____

Transportation: _____

Car Service (If applicable): _____

Airfare: _____ Charge to: _____

PSA Reimbursement: Roundtrip Mileage to Prospect: _____ Miles x _____ Distance = \$ _____

Other reimbursement expenses to PSA (e.g., tolls, baggage, meals in transit) \$ _____

(Full amount may be given at the end of the visit. A PSA reimbursement form is required.)

Total Expenses: \$ _____

Issue Advance Check to: _____ Cash Advance Requested: \$ _____

Head Coach Approval Signature: _____

FOR BUSINESS OFFICE USE ONLY

Travel Authorization #: _____

Advance Amount: \$ _____

COMMENTS