



University of Louisiana Lafayette

Department of Compliance
Official Visit Request Form



COACH REQUESTING VISIT: _____

PSA NAME: _____ SPORT: _____

ARRIVAL DATE: _____ ARRIVAL TIME: _____

DEPARTURE DATE: _____ DEPARTURE TIME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

TELEPHONE NUMBER: (____) _____ D.O.B: _____

TYPE OF TRANSPORTATION: _____

STUDENT HOST: _____

TO BE COMPLETED BY COMPLIANCE OFFICE

1. Test score on file? YES _____ NO _____ N/A _____

Test: _____ Score: _____

Test taken on national testing date under national testing conditions?

YES _____ NO _____

2. Transcript on file? YES _____ NO _____

3. Notification of Five-Visit Letter and Welcome Letter sent:

YES: _____ NO: _____ Date: _____

APPROVED: YES _____ NO _____

BY: _____ DATE: _____