UNIVERSITY OF LOUISIANA AT MONROE OFFICE OF COMPLIANCE SERVICES



DECLARATION OF COUNTABLE COACHES AND STAFF

This form is to be completed by the head coach and returned to the Compliance Office by August 1, prior to the academic year.			
Sport:		Academic Year:	2015-2016
PART I: HEAD & ASSISTANT Of In the space(s) below, please designate your	•	AW 11.7.6)	
POSITION	NAME		Certified Off-Campus Recruiter?
Head Coach			
Assistant Coach			
Assistant Coach			
Assistant Coach			
Assistant Coach			
Assistant Coach			
PART II: GRADUATE ASSISTA In the space(s) below, please designate your			
POSITION		NAME	
Graduate Assistant			
11.7.6.2.2) In the space(s) below, please designate your	undergraduate student assistant coach(es	,	
POSITION		NAME	
Undergraduate Student Coach			
Undergraduate Student Coach Undergraduate Student Coach			
Undergraduate Student Coach			
PART IV: VOLUNTEER COACL - For sports other than football and In the space(s) below, please designate your	l basketball.	11.01.5, 11.7.6.2.3,	11.7.6.2.3.3 and 11.7.6.2.3.4)
POSITION		NAME	
Volunteer Coach			
Volunteer Coach (Track & Field Only)			
Volunteer Coach (Track & Field Only)			
Volunteer Coach (Track & Field Only)			
Volunteer Coach (Track & Field Only)			
Volunteer Coach (Track & Field Only)			
Volunteer Coach Volunteer			
Coach (Track & Field - Pole Vault Only)			

UNIVERSITY OF LOUISIANA AT MONROE OFFICE OF COMPLIANCE SERVICES



DECLARATION OF COACHING STAFF

PART IV: NONCOACHING STAFF MEMBER WITH SPORT SPECIFIC RESPONSIBILITIES (BYLAW 11.7.3)

In the space(s) below, please designate your noncoaching staff member(s) with sport specific responsibilities.

POSITION TITLE (e.g., Director of Operations)	NAME
(e.g., Director of Operations)	IVANAL
PART V: WEIGHT OR STRENGTH CO	ACH DESIGNATION (BYLAW 11.7.4.1.1)
In the space(s) below, please designate your	weight or strength coach(es).
POSITION TITLE	NAME
	ching staff members and other staff that will be a part of my program for the list changes in coaching and other staff occur, I must notify the Compliance Office in writing. Date
Signature of Sport Supervisor	Date
COMP	PLIANCE OFFICE USE ONLY
Date Received by Compliance:	
The declaration of coaching staff form is appro	oved:
Comments:	
Signature of Compliance Office	Date