



# OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

## INSTRUCTIONS FOR COMPLETING EXCEPTION 12, RETURN FROM A DOMESTIC EXCHANGE PROGRAM, REQUEST- 2023-24

**SCHOOL ADMINISTRATORS:** Please complete this form and return it to the OHSAA office via an email attachment, Attn: Ms. Kristin Ronai (kronai@ohsaa.org). The student(s) will continue to be held accountable to the transfer consequence (i.e. sitting after the first 50% of maximum allowable regular season varsity contests and OHSAA tournament in all applicable sports) until a ruling is provided by the OHSAA office.

1. Name of Student \_\_\_\_\_ Date of Request \_\_\_\_\_
2. Gender of Student \_\_\_\_\_ 2023-24 Grade Level of Student \_\_\_\_\_
3. Sport(s) Competed In **During 12 Months Immediately Preceding Transfer:**  
\_\_\_\_\_
4. Transferring from and back to \_\_\_\_\_ High School
5. Name of Domestic Exchange Program \_\_\_\_\_
6. Address of Domestic Exchange Program \_\_\_\_\_
7. Date Started Program \_\_\_\_\_ Date Ended Program \_\_\_\_\_
8. Educational/Academic Purpose of the Program \_\_\_\_\_
9. Number of Credits Received while Participating in the Program \_\_\_\_\_
10. Did Student Participate in any OHSAA Recognized Sports while In the Program? YES \_\_\_\_\_ NO \_\_\_\_\_
11. If Yes to #10, Describe the Level/Type of the Sports Participation \_\_\_\_\_
12. Did the Domestic Exchange Program has a structured beginning and ending? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_
13. Was the student's athletic participation secondary to the educational purpose of the program? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_
14. The student understands that participation in this Domestic Exchange Program counts toward the student's 8 semesters of eligibility. YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_
15. The student is academically eligible based on grades earned at the conclusion of this Program, which represents your preceding grading period. YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

### ADMINISTRATOR SIGNATURE

\_\_\_\_\_  
Print Name School Administrator

\_\_\_\_\_  
Signature

### FOR OHSAA OFFICE USE ONLY: Date of Decision - \_\_\_\_\_

☐ Ex. 12 Approved by  
Executive Director's Office

☐ Ex. 12 Denied by  
Executive Director's Office  
**Please see attached letter.**

Reviewed By: \_\_\_\_\_