



**NC State Professional Golf Management  
Handicap Verification Form**

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
(Please Print)

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_  
(Please include area code)

**Handicap:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**\*\* Form must be signed by a PGA Professional or High School Golf Coach \*\***

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**PGA Professional** \_\_\_\_\_ **HS Golf Coach** \_\_\_\_\_

*\*\*Please attach a copy of your most recent handicap information and a letter of recommendation from a PGA Professional or golf coach. Send this information with your NCSU application or directly to: NC State Professional Golf Management, Campus Box 8004, Rm. 4023 Biltmore Hall, Raleigh, NC 27695 or fax to 919-513-7219.*