Confirmation of Playing Ability

All students applying to the Professional Golf Management Program at the University of Nebraska-Lincoln must show proof of a 12 handicap index or better.

Students Name:	(Please Print)	
Address:		
		Zip:
Phone Number:		
Student GHIN #/Other USGA H	andicap System # and state who	ere established:
Student Signature:		
confirming the student has a a PGA Professional or High	ve their estimated handicaph School Golf Coach below, handicap index of 12 or le	o index attested by a PGA . By signing this form you are ss. Please indicate if you are
PGA Profession	al	Coach
	(Print Name)	
	(Signature)	
	(Date)	
Address:		
City:	State:_	Zip:
Phone Number		