



**INITIAL INFORMATION**

*(To Be Completed by Student)*

Name: \_\_\_\_\_ Panther ID: \_\_\_\_\_ Date: \_\_\_\_\_  
 GSU E-mail: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Sport you are trying out for: \_\_\_\_\_

**Please List Any Institutions You Previously Attended**

*\*\*\*If you did not attend any other institution(s) or participate, please write N/A\*\*\**

Institution	Dates of Attendance (Term/Yr) - (Term/Yr)	4 year/JUCO	Sport(s) Participated In

**ATHLETIC TRAINING**

*(To Be Completed Athletic Training Staff)*

Student has presented proof of medical insurance and other medical documentation (i.e., phys. exam, immunizations) :  Yes  No

**\*\*\*By signing, I hereby grant medical clearance to the above student to participate in walk-on tryouts\*\*\***

Athletic Training Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT-ATHLETE DEVELOPMENT**

*(To Be Completed by Student-Athlete Development Staff)*

GSU First Term of Enrollment: \_\_\_\_\_ Academic Classification:  Fr.  So.  Jr.  Sr.  5th Yr.  
 Registered Full-Time:  Yes  No Student has met PTD Requirements:  Yes  No *(NCAA Bylaws 14.4.3.1; 14.4.3.2)*  
*(If No, student must see On-Campus Advisor to register Full-Time)* Number of Hours Completed: \_\_\_\_\_

**\*\*\*By signing, I hereby certify the above student is registered in a minimum Full-Time program of 12 credit hours\*\*\***

Student-Athlete Development Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE OF ATHLETIC COMPLIANCE**

*(To Be Completed by Compliance Coordinator for Eligibility)*

Transfer Status:  2-4 Transfer  4-4 Transfer  4-2-4 Transfer  Freshman **Start of Five-Year Clock:** \_\_\_\_\_  
 Fulfilled Academic Year-of-Residency? (Football, Basketball & Baseball Only):  Yes  No *(NCAA Bylaws 14.2.1; 14.2.1.1)*  
 Years of remaining eligibility:  0  1  2  3  4 Used Red-Shirt:  Yes  No

Student has registered with NCAA EC:  Yes  No If Yes, NCAA ID: \_\_\_\_\_  
 Qualifier Status:  Final Qualifier  Non-Qualifier Amateurism Completed:  Yes  No  Need to Request  
 Need to send Tracer Form/Written Permission to Contact Letter:  Yes  No Institution: \_\_\_\_\_

Contingent upon making team, Student is Approved for:  Practice & Competition  Practice Only & Receive Institutional Aid

**Additional Notes:**

\_\_\_\_\_

**\*\*\*By signing, I hereby certify the above student is approved to participate in walk-on tryouts\*\*\***

Office of Athletic Compliance Signature: \_\_\_\_\_ Date: \_\_\_\_\_