Club Sport Eligibility Form

Club Name: _____ Club Sport Advisor: _____ Phone: _____

Team Rep. _____ Address: _____ Fax: _____

Semester: _____ City, State, Zip: _____

Student/Athlete Name (print)	**University A-Number**	**Student Athlete Consent** to release records authorization	**Entrance Date of Higher Education**	**Number of Credits**	**GPA**	**First Undergrad Degree**	**Registar Certify**
						Yes/No	
						Yes/No	
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