



STUDENT-ATHLETE SQUAD LIST INFORMATION



SPORT: _____ ACADEMIC YEAR: _____

DATE: _____ SIGNATURE: _____
Head Coach

Recruited: Yes _____ No _____ SCHOLARSHIP: _____ NON-SCHOLARSHIP: _____

Foreign Student: Yes _____ No _____ Country: _____

Last Name, _____ First _____ M.I. _____ Elig Ctr ID#: _____
UT ID#: _____

Permanent Address _____ City _____ State/Zip Code _____

Parents-Name _____ Phone # _____

Date of Birth: _____ Race: _____ First Term at UT: _____

Status: _____ Freshman _____ Transfer _____ Returnee

Name of High School & Address: _____

Date of Graduation: _____

Type of Transfer: _____ Junior/Community College _____ Four Year College/University

Name & Address: _____

Term First Attended: _____ Date of Graduation: _____

Participation Dates: _____

Received Athletics Related Aid: Yes _____ No _____

Dates Received Aid: _____

Has attended multiple Colleges/Universities: : Yes _____ No _____

**If "Yes", attach separate sheet w/ names and addresses of other institutions along w/ attendance dates

Return this form to Todd Dooley in Rm. 256 Stokely Athletics Center.