

Walk-On Practice/ Compliance Review

	NITIAL INFORMATION To be Completed by Student)		
Name:	Panther ID:	I	Date:
GSU E-mail:	Personal E-mail:		
Phone:	Sport you are trying out for:		
Please List Any	 Institutions You Previously Atte	ended	
·	other institution(s) or participate, plea		
Institution	Dates of Attendance (Term/Yr) - (Term/Yr)	4 year/JUCO	Sport(s) Participated In
	ATHERTIC TRAINING		
	ATHLETIC TRAINING Completed Athletic Training Staff)		
Student has presented proof of medical insurance and other ***By signing, I hereby grant medical of			
Athletic Training Staff Signature:		Date:	
	T-ATHLETE DEVELOPMENT teed by Student-Athlete Development St.	aff)	
GSU First Term of Enrollment:	Academic Classification:	r. 🗆 So. 🗀 Jr.	☐ Sr. ☐ 5th Yr.
Registered Full-Time:	Student has met PTD Requireme	ents: Yes No	(NCAA Bylaws 14.4.3.1; 14.4.3.2)
By signing, I hereby certify the above stud	ent is registered in a minimum Full-T	ime program of 12 cr	edit hours
Student-Athlete Development Staff Signature:	Date:		
	OF ATHLETIC COMPLIANCE d by Compliance Coordinator for Eligi		
Transfer Status: 2-4 Transfer 4-4 Transfer Fulfilled Academic Year-of-Residency? (Football, Basketba (NCAA Bylaws 14.2.1; 14.2.1.1) Years of remaining eligibility: 0 1 2 3 Used Redshirt: Yes No Student has registered with NCAA EC: Yes No		Start of Five-Year C	lock:
Qualifier Status:	No Decision Amateurism Compl ☐ Yes ☐ No Institution(s): _	eted: Yes No)
Additional Notes:			
Policies: (1) Unless he or she served in the military or on a (2) The Compliance Office does <u>not</u> file NCAA or		-	_
***By signing, I hereby certify the Contingent upon making team, student is approved for: Office of Athletic Compliance Signature:	above student is approved to participal Practice & Competition ☐ Practice On	-	