



Tryout Initiation Form

Student Name:

CWID:

Date of Birth:

Sport:

List Other College(s) Attended:

Office of Athletics Compliance

Compliance Review

Enrolled full-time at Oklahoma State: hours

Within five-year clock

First semester of full-time enrollment:

End of five-year clock:

NCAA Registration

ID No.:

Transfer Student

Transfer Status:

Outside Aid Approved

Academic Review

Full-time Semesters Completed:

Must meet: % Hours GPA

Hours Completed:

Hours Needed for Degree Program:

GPA:

Office of Athletics Compliance

Date

Athletic Training

Physical within last six (6) months

Date of Physical:

Sickle Cell Solubility Test or Waiver

Health Insurance

Interpreted EKG

Athletic Training

Date

Oklahoma State Student

I agree that in order to be a walk-on student-athlete at Oklahoma State University, I may be required to turn down any financial aid that is determined to be countable or impermissible under NCAA bylaws. I also understand that even if I am added to the team and subsequently quit, I will not be able to receive said financial aid. Additionally, I understand that, should I be added to the roster, my academic record will be examined to determine my eligibility; I understand that I may be deemed ineligible. I also understand that if I am deemed a non-qualifier by the NCAA Eligibility Center, I will not be allowed to compete at Oklahoma State University, unless I meet or have met an exception to the Big 12 Conference rules.

Student

Date

Office of Athletics Compliance

First Date of Tryout:

Date Received by
Compliance Office:

Date of Roster Addition:

Last Permissible Date of Tryout: