



TIM ZUNDEL

Head Women's Soccer Coach

Duquesne University
A.J. Palumbo Center
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www.GoDuquesne.com



PERSONAL INFORMATION *(Please print in ink)*

Name _____
(Last) (First) (Middle) High School graduation year

Address _____ City _____ State _____ Zip _____

Home phone () _____ Best time to call _____ Home fax () _____

E-Mail address _____ Birthdate _____ Social security # _____

Father's name _____ College he attended _____

His occupation _____ Business phone () _____

Mother's name _____ College she attended _____

Her occupation _____ Business phone () _____

I live with: Both Mother only Father only Other _____

Parents are: Married Divorced Separated Single Deceased

Brothers _____ Sisters _____

SCHOLASTIC INFORMATION

School name _____ School phone/fax () _____ / _____

School address _____ City _____ State _____ Zip _____

Counselor's name _____ Counselor's office phone () _____

ACT score _____ SAT score (Tot.) _____ (V) _____ (M) _____ Class rank _____ of _____ GPA _____

Area of academic interest _____

Other colleges you are considering _____

SOCCKER INFORMATION

Club team _____ Years with club _____ Position preference _____ Uniform jersey # _____

Club coach _____ Club team website _____

Club coach phone () _____ Club coach e-mail _____

High school coach _____ High school coach phone () _____

Highest level of ODP participation (i.e. State, Regional, National) _____

List the best players you have played with: _____

List the awards and/or achievements you have in soccer: _____

TRANSCRIPT RELEASE

I give my consent for a copy of my transcript and available test scores to be released to Duquesne University

Student-athlete signature _____ Date _____

Parent/Guardian signature _____ Date _____

