

WALK-ON QUESTIONNAIRE

SEC 1 PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
HOME ADDRESS		CITY		ST	ZIP
FAU E-MAIL ADDRESS	CELL PHONE	Z NUMBER OR SSN		DOB	

SEC 2 TRANSFER STUDENTS *(If you are not a transfer student, continue to Section 3)*

NAME OF SCHOOL		SCHOOL CITY, STATE		HEAD COACH	
OFF POSITION(S)	DEF POSITION(S)	SPECIAL TEAMS	ATHLETIC HONORS & AWARDS		

SEC 3 HIGH SCHOOL INFORMATION

HIGH SCHOOL		SCHOOL CITY, STATE		HEAD COACH	
OFF POSITION(S)	DEF POSITION(S)	SPECIAL TEAMS	QUALIFIED (Circle One)	YEAR GRADUATED	
			YES NO		

SEC 4 ACADEMIC TIMELINE - Please account for each semester since graduating high school

MONTH/YEAR OF HS GRAD	SEMESTER (Circle One)	YEAR	COLLEGE / UNIVERSITY	FULL TIME	
	FALL SPRING			YES	NO
SECTION 4 INSTRUCTIONS: Beginning with the month & year of your high school graduation, indicate whether or not you have been enrolled in any college or university. For example, if you graduated in May of 2009, let us know whether you attended college in the FALL of 2009 & SPRING of 2010, and whether or not you were a full time student at each institution.	FALL SPRING			YES	NO
	FALL SPRING			YES	NO
	FALL SPRING			YES	NO
	FALL SPRING			YES	NO
	FALL SPRING			YES	NO
	FALL SPRING			YES	NO
	FALL SPRING			YES	NO

SEC 5 MISCELLANEOUS INFORMATION

PLEASE LIST ANY PRIOR SIGNIFICANT INJURY, SURGERY OR ILLNESS AND INCLUDE CORRESPONDING DATES

ANY ADDITIONAL INFORMATION

SEC 6 DEPARTMENTAL USE ONLY - Do not write in this area.

HEIGHT	FULL TIME STUDENT	CLEARINGHOUSE	CLEARED TO TRYOUT	ELIGIBILITY LEFT
	YES NO	YES NO	YES NO	
WEIGHT	CERTIFIED BY	CERTIFIED BY	CERTIFIED BY	CERTIFIED BY