



The head coach or his/her designee shall communicate with compliance about a student trying out for the team prior to this form being distributed to the student-athlete. The student-athlete shall obtain all signatures and return this form to the Compliance Office for final processing. The student must be officially added to the roster by the sport program within 14 days of beginning tryout activities or otherwise cease all practice activity.

Name: _____ Peoplesoft ID: _____ Date: _____

Sport: _____ Phone: _____

E-mail: _____ DOB: _____

Educational Background

Date of high school graduation: _____ Date of initial college enrollment: _____

Date of initial enrollment at UH: _____ Declared/intended major: _____

List any other college/university you have attended with corresponding dates: _____

Have you registered with the NCAA Eligibility Center? Yes _____ No _____

Students must provide proof they have had a physical within the previous 6 months from a licensed medical professional. Please go to Sports Medicine Suite (3100 Cullen Boulevard, Suite 1100).

Proof of physical (trainer signature): _____ Date: _____

Proof of sickle-cell testing: Yes _____ No _____ Waiver (trainer signature) _____

If no proof of sickle-cell testing has been provided, a waiver has been signed by the student and the trainer must sign indicating that the student has provided the waiver. Sickle-cell testing waiver is applicable for tryouts only.

Office Use Only

Full Time? _____ Registered with eligibility center? _____ NCAA ID: _____

Final Qualifier? _____ If not, what is missing? _____

High School GPA: _____ SAT/ACT sum scores: _____ Amateurism Certified? _____

UH Cumulative GPA: _____ Percentage of degree required? _____

Meets GPA requirements? _____ Meets percentage requirements? _____ Meets 6, 18, 24 credit hour rules? _____

If four-year transfer, is release on file? _____ If two-year transfer, did they earn their associate's degree? _____

Other Notes: _____

____ Not eligible to practice, pending completion of: _____

____ Eligible to practice only until _____

Compliance Signature

Date