



MARQUETTE

MEN'S SOCCER

Prospective Student-Athlete Questionnaire

PERSONAL

Name _____ Date _____

Height _____ Weight _____ Birthdate _____

Address _____ Home Phone _____ Cell Phone _____

City _____ State _____ ZIP _____ E-mail _____

Father's Name _____ Mother's Name _____

Father's Occupation _____ Mother's Occupation _____

Business Phone _____ Business Phone _____

Your Social Security No. _____ MU Alumni or Students You Know _____

ACADEMIC

High School _____ Phone number _____

HS Address _____ Grade _____

City _____ State _____ ZIP _____ Graduation Date _____

Guidance Counselor's Name _____ Grade Point Avg. _____

SAT Scores: Math _____ Verbal _____ ACT Score _____ Predicted Major _____

Reasons for Interest in MU _____

ATHLETIC

Primary HS Position _____ Primary Club Position _____

HS Coach _____ Phone Number _____

Soccer Accomplishments, Awards, Statistics (please use additional sheet) _____ HS Jersey # _____

Club Team _____ Club Coach _____ Club Jersey # _____

Club Coach Home Phone _____ Upcoming Club Tournaments (attach additional sheet)

Club Coach Email _____

Years Played on Each ODP Team _____ State: _____ Regional: _____ National: _____

The Marquette Soccer Staff sincerely thanks you for completing this form.

Please complete and mail to:

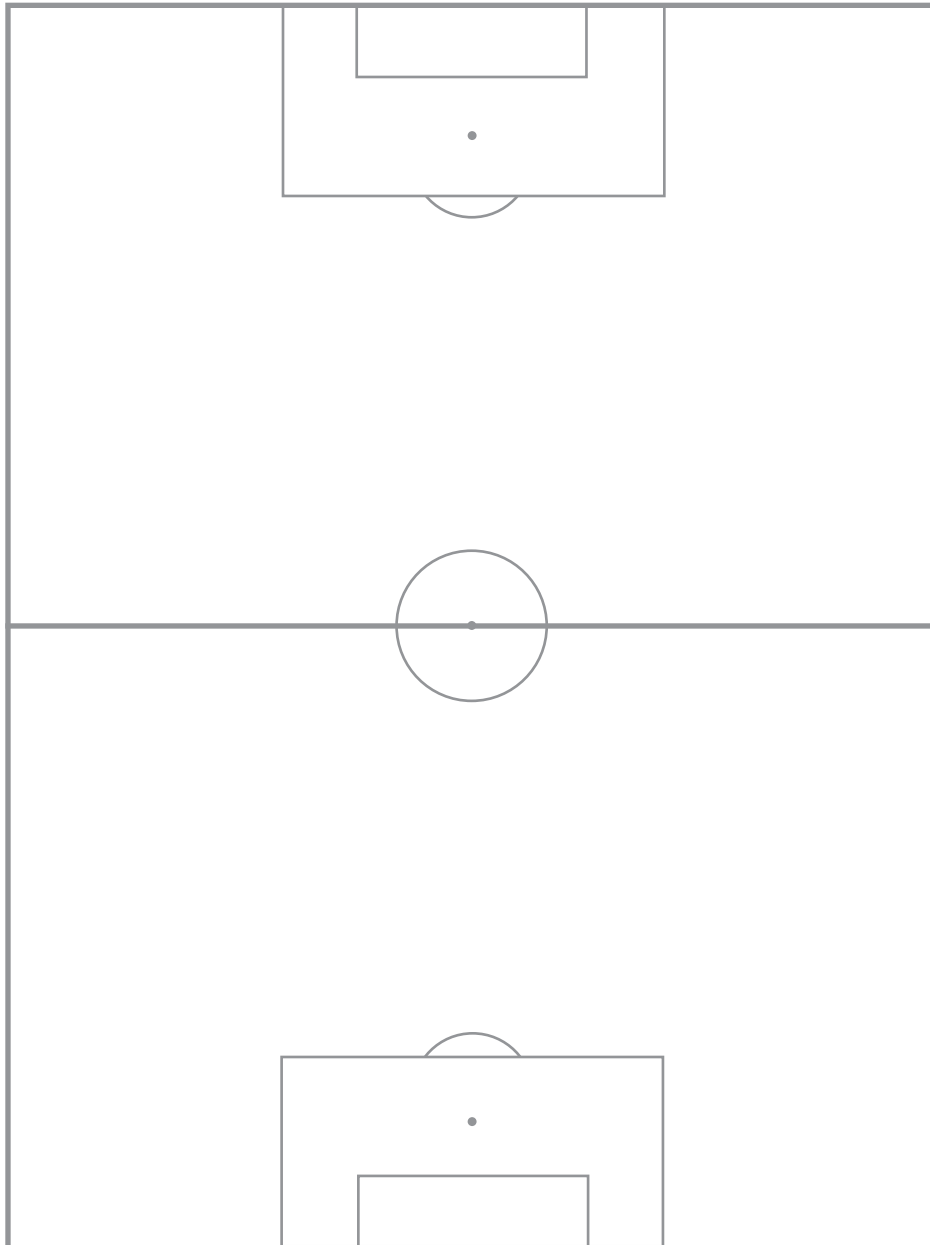
Marquette University • Department of Intercollegiate Athletics
Gym, Lower Level • P.O. Box 1881 • Milwaukee, WI 53201-1881

Or fax completed form to: 414-288-6680



For additional information, please call 1-800-434-GOMU

Please describe, on the field below, your playing strengths.



Circle your best position(s):

- | | | |
|---------------------------------------|-------------------|-----------|
| 1) Goalkeeper | Central Defender | Left Back |
| 2) Right Back | Interior Midfield | Left Wing |
| 3) Outside Midfield (right or middle) | Striker | |
| 4) Right wing | | |

Please describe your interest in Marquette University Soccer
