



MARQUETTE

WOMEN'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)
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

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

