

# University of Massachusetts Boston Athletic Department

## *Returning Student Athlete Clearance Form*

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School \_\_\_\_\_ State \_\_\_\_\_ Year Graduated \_\_\_\_\_

Soc Sec # \_\_\_\_\_ UMS # \_\_\_\_\_

Email \_\_\_\_\_ Phone# \_\_\_\_\_

Sport \_\_\_\_\_

### ACADEMIC/ELIGIBILITY INFORMATION

Please list number of semesters attended at ALL colleges and universities (including UMB)

*Full time semesters* \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

*Part time semesters* \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

List sports competed/participated in at ALL universities, including UMass Boston:

<i>Sport</i>	<i># of years played</i>	<i>Date</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current academic status:

*Good standing* \_\_\_\_\_ *Warning* \_\_\_\_\_ *Probation* \_\_\_\_\_ *Suspension* \_\_\_\_\_

Please sign and date below to affirm that all information provided above is correct. By signing I hereby grant permission to the UMass Boston Athletic Department to secure any and all academic transcripts and/or any other information needed to ascertain my eligibility status to participate in varsity sports. I understand that any falsification of the information above will result in my dismissal from the UMass Boston Athletic Program. I also understand that I need to carry no less than 12 credit hours during the playing season otherwise I will be deemed immediately ineligible.

Signature \_\_\_\_\_ Date \_\_\_\_\_