



Joel Greenlee
Head Coach

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WRESTLING STUDENT-ATHLETE QUESTIONNAIRE

Name _____ Phone (____) _____ Grad. Date _____
Last First M.I.

Cell (____) _____ E-mail: _____

Address _____ S.S. # _____ Birthdate _____

City _____ State _____ Zip _____ Core GPA ____ / ____ Overall GPA _____

High School _____ SAT _____ ACT _____

Height _____ Normal Weight _____ Wrestling Weight _____

Coach Name _____ Coach Phone (____) _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

At this time, what career or profession would you like to pursue? _____

What major/minor do you wish to study? _____

Other Activities and Interests _____

Wrestling Record: Freshman: W _____ L _____ Pins _____

Sophomore: W _____ L _____ Pins _____

Junior: W _____ L _____ Pins _____

Senior: W _____ L _____ Pins _____

Other Wrestling Accomplishments _____

Ohio University Alumni or Students you know: Alumni _____

Students _____

Return to: Joel Greenlee, Head Wrestling Coach
Ohio University Wrestling Office / Convocation Center 112 / Athens, OH 45701-2979