



All prospective walk-ons MUST complete this form and return to the Office of Compliance Services located on the 3rd Floor of the Rice Athletics Center. Please contact the Office of Compliance Services with any questions at 803-777-1519.

Section A: Personal Information

Name:	Sport:		
Banner ID Number:	Date of Birth:	HT:	WT:
Home Address:	City:	State:	Zip Code:
Mobile Phone:	E-mail:		
Local Address:	City:	State:	Zip Code:
Position(s)/ Events:	Highlight Website:		

Section B: Collegiate Academic Information

Have you attended any other collegiate institution? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Name of Institution(s):	
Have you ever participated in college athletics? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which sport(s)?	First semester enrolled at any college (date) :	
I am enrolled in at least 12 hours at USC-Columbia: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current year in college (circle one): 1 2 3 4 5		
Credit Hours enrolled in this semester:	I have a cumulative GPA of at least 2.0: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current GPA:	I have registered with the NCAA Eligibility Center and my Eligibility Center ID# is:		
I understand that if I am a Final NON-Qualifier with the NCAA Eligibility Center that I am not eligible to participate in athletics at any SEC institutions: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please outline your collegiate enrollment history below (Circle "Y" for yes and "N" for no)

Academic Year	Institution	Sport	Practiced?	Competed?	Received Athletic Scholarship?
			Y N	Y N	Y N
			Y N	Y N	Y N
			Y N	Y N	Y N

Section C: High School Information

High School Name:	Graduation Date:	
City:	State:	
High School Coach:	HS Coaches E-Mail:	HS Coaches Phone Number:
High School Awards:	Scholarship Offers (List):	



Section D: Physical Information

I have submitted proof of a physical to the USC Athletic Training Staff:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have submitted proof of a sickle cell test to the USC Athletic Training Staff:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have submitted proof of insurance to the USC Athletic Training Staff:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section E: Criminal Activity Disclosure

Have you ever been charged with a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, date of offense:	City/State:	Charge:

By signing this form I certify that the answers provided above are accurate and correct. I understand that failure to complete any steps required as part of the preliminary tryout the walk-on tryout process or providing false or incorrect information may result in being disallowed to participate in walk-on tryouts. I also understand that I must be registered with the NCAA Eligibility Center and that if I am certified as a NON-QUALIFIER, I am not eligible to participate in athletics at a SEC institution.

Signature of Potential Walk-On SA:	Date:
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