

TRYOUT CLEARANCE FORM

STUDENT

Complete this section only. **DO NOT** attempt to get signatures from other parties.

All students **MUST** bring a printout of their current class schedule in order to confirm full-time enrollment prior to trying out.

Name:	Sport:			DOR:		
UCF ID #:	UCF email:					
HS Grad Year:	Initial Full-Time E	nrollment at UCF (Term and	Year)	□ Fall □	Spring of
Previous College Information (If applicable)						
School:	2 or 4 yea	r: Term and Ye	ear Atteno	led:	to (ex. F-13 to S-	Graduate?
School: 2 or 4 year: Ter			ear Attend	led:	to (ex. F-13 to S-	Graduate?
Notes:						
Signature: Date:						
Students shall NOT complete anything below this line. If a student fills out anything below this line (including signing) the form will be voided and discarded						
ATHLETIC DEPARTMENT STAFF						
Full-time enrollment verification, medical clearance, recruitment, and NCAA eligibility						
Did the student bring a copy of their current class schedule?		□ Yes	□ No			
s the student enrolled as a full-time student at UCF?		□ Yes	□ No		Number of Credits:	
Did the student provide required medical do	ocumentation?	□ Yes	□ No			
Is the student medically cleared to participat	te in a tryout?	□ Yes	□ No	Sports	Medicine A	Approval:
This student is a (check one):		☐ Tryout	☐ Late Walk-On			☐ Male Practice Player
Was this student recruited* by UCF?		□ Yes	□ No			
*Came to UCF on an official visit and/or had an arranged	l in-person, off campus o	contact with any member	er of the coa	ching staff		
Is the student registered with the NCAA Elig	ibility Center?	□ Yes	□ No I		NCAA ID#	<u>:</u> :
If yes, what is this student's initial eligibility s	status?	☐ Qualifier	☐ Non-Qualifier		□ Pending	g
If yes, what is this student's amateurism status?		☐ Final Certified	□ Pending		☐ Must request final certification	
Notes:						
Signature:				Date:		