



# Georgia State University

Office of Athletics Compliance

## Walk-On Practice/ Compliance Review

### INITIAL INFORMATION

(To be Completed by Student)

Name: \_\_\_\_\_ Panther ID: \_\_\_\_\_ Date: \_\_\_\_\_  
 GSU E-mail: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Sport you are trying out for: \_\_\_\_\_

#### Please List Any Institutions You Previously Attended

\*\*\*If you did not attend any other institution(s) or participate, please write N/A\*\*\*

Institution	Dates of Attendance (Term/Yr) - (Term/Yr)	4 year/JUCO	Sport(s) Participated In

### ATHLETIC TRAINING

(To be Completed Athletic Training Staff)

Student has presented proof of medical insurance and other medical documentation (i.e., phys. exam, immunizations) : Yes  No

\*\*\*By signing, I hereby grant medical clearance to the above student to participate in walk-on tryouts\*\*\*

Athletic Training Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STUDENT-ATHLETE DEVELOPMENT

(To be Completed by Student-Athlete Development Staff)

GSU First Term of Enrollment: \_\_\_\_\_ Academic Classification:  Fr.  So.  Jr.  Sr.  5th Yr.  
 Registered Full-Time:  Yes  No  
 Number of Hours Completed: \_\_\_\_\_ Student has met PTD Requirements:  Yes  No (NCAA Bylaws 14.4.3.1; 14.4.3.2)

\*\*\*By signing, I hereby certify the above student is registered in a minimum Full-Time program of 12 credit hours\*\*\*

Student-Athlete Development Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE OF ATHLETIC COMPLIANCE

(To be Completed by Compliance Coordinator for Eligibility)

Transfer Status:  2-4 Transfer  4-4 Transfer  4-2-4 Transfer  Freshman Start of Five-Year Clock: \_\_\_\_\_  
 Fulfilled Academic Year-of-Residency? (Football, Basketball & Baseball Only):  Yes  No  
(NCAA Bylaws 14.2.1; 14.2.1.1)  
 Years of remaining eligibility:  0  1  2  3  4  
 Used Redshirt:  Yes  No  
 Student has registered with NCAA EC:  Yes  No If Yes, NCAA ID: \_\_\_\_\_  
 Qualifier Status:  Final Qualifier  Non-Qualifier  No Decision Amateurism Completed:  Yes  No  
 Need to send Tracer and/or Permission to Contact Letter:  Yes  No Institution(s): \_\_\_\_\_

#### Additional Notes:

**Policies:** (1) Unless he or she served in the military or on a religious mission trip, students who graduated prior to 2011 are ineligible.  
 (2) The Compliance Office does not file NCAA or conference waiver requests for prospective walk-on students.

\*\*\*By signing, I hereby certify the above student is approved to participate in walk-on tryouts\*\*\*

Contingent upon making team, student is approved for:  Practice & Competition  Practice Only & Receive Institutional Aid

Office of Athletic Compliance Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 05/15