



WALK-ON FORM UA FORT SMITH ATHLETICS

Participation Authorization & Preliminary Checklist

TRY-OUT ONLY WALK-ON SCHOLARSHIP

Head Coach

The student named below has my permission to attempt to become a member of my team. I understand that they will be included on all rosters, the squad list and in research data used for the academic year. This student will not practice and/or participate for my team until I have been notified that eligibility has been certified.

Student's Legal Name _____ Social Security # _____ Date _____

Sport Head Coach _____ Signature of Coach _____

Status: Freshman Transfer Upper-Class Local Phone _____

High School(s) Attended: (Grades 9-12)

1) Name: _____ Registered with NCAA Eligibility Center: Yes No

City: _____ State: _____

2) Name: _____ Registered with NCAA Eligibility Center: Yes No

City: _____ State: _____

Junior College(s) Attended:

1) Name: _____ Registered with NCAA Eligibility Center: Yes No

City: _____ State: _____

2) Name: _____ Registered with NCAA Eligibility Center: Yes No

City: _____ State: _____

AA Degree: Yes No Date Completed _____ Date Expected _____

Four Year College Attended:

1) Name: _____ Registered with NCAA Eligibility Center: Yes No

City: _____ State: _____

Academic Advisor: _____ SAT Score: _____ ACT Score: _____ HS GPA: _____

College GPA: _____ # of Transfer Hours Accepted: _____

Designated Major: _____ Enrolled Hours (UAFS): _____ Full Time: Yes No

Declaration of Major Form needed: Yes No If YES, Division & Major Code: _____

NCAA Eligibility Center Submitted: _____ Date _____ Approved: _____ Date _____

Comments: _____

Signature of Academic Advisor

Date

To the **Student-Athlete**:

Before you are allowed to become an official member of any athletic team, you must complete and return the following forms along with this one to the Compliance Office. You will then be notified if you have been certified as an eligible participant for this academic year.

Medical Clearance & Proof of Insurance: _____

Proof of Physical Examination: Yes No

Signature of Trainer

When all signatures above are received bring this form to the Compliance Office to complete the following forms:

1. Enrolled Full-Time Yes No
2. Certification of Recruited Status: Recruited Not Recruited
3. NCAA Student-Athlete Statement
4. NCAA Drug-Testing Consent
5. Eligibility Profile

All above forms have been completed and are on file.

* Eligible to practice only, because of: _____

Comments: _____

Signature of Compliance Office

Date

The student-athlete is:

1. Full-Time Enrollment Yes No

2. not eligible to practice, pending completion of: _____

3. eligible to practice, all certification documents on file.

4. Student-Athlete has been coded active as:

Date: _____

Comments: _____

Signature of Registrar's Office

Date