



On-Campus Tryout Request Form

THIS FORM MUST BE SUBMITTED TO THE COMPLIANCE COORDINATOR PRIOR TO CONDUCTING A TRYOUT

Name of Prospect: _____

Sport: _____

Date of Tryout*: _____

*Must be conducted in a term other than the one in which the sport occurs.

Time tryout begins: _____

Time tryout ends: _____

Location of Tryout: _____

Check one: _____ High School Prospect _____ Two-Year University Prospect
 _____ Four-Year University Prospect _____ Currently Enrolled Student

High School (Senior) Prospect

- Date high school eligibility completed in the sport: _____
If still eligible, is the student enrolled in a term other than the term in which the TRADITIONAL season is played?
 _____ Yes _____ No

Two-Year University Prospect

- Date prospect's sport season ended: _____

Four-Year University Prospect

- Date prospect's sport season ended: _____
- Written permission to contact prospect obtained from prospect's institution?
 _____ Yes _____ No

Currently Enrolled Student

Verified by Compliance Coordinator

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| • Tryout will occur prior to the beginning of playing season? | Yes | No |
| If yes, please complete the following: | | |
| 1. Is this the first prospect's tryout conducted this academic year? | Yes | No |
| 2. Was this student recruited? | Yes | No |
| 3. Is the student in good academic standing? | Yes | No |

Coach's Signature

Approved by: Compliance Coordinator