## THE UNIVERSITY OF ARIZONA ~ INTERCOLLEGIATE ATHLETICS APPLICATION FOR 14 DAY TRY OUT

		Semester:
Name:		Sport:
(last) (first)	(middle initial)	
SID#:	Date of Birth	: Age:
Local Address:		Apt #:
Zip Code:	Phone #:	
ACADEMIC HISTORY	-	
High School:		City/State:
Date of Graduation:		GPA:
Did you take the SAT/ACT ?	Score:	Test Date:
Have you registered with the NCAA Eli	igibility Center? yes	noDate:
Were you Certified by the NCAA Eligib	bility Center? yes	
Not including the University of Arizona	a, have you ever enrolled in	and attended classes at a collegiate
institution (above high school level)?	yes no_	- N
If yes, please list the name of the school  Institution:	Attended From	
Did you sign a National Letter of Intent		Institution:
Did you receive athletically related fina	ıncial aid? yes no	Institution:
Did you earn an AA degree? yes	по	Institution:
Date of first enrollment at the Universit	ry of Arizona: month:	year;
I certify that the above infor-	mation is accurate and tru	l <u>e.</u>
Signature:	· <del>-</del> · · · · · · · · · · · · · · · · · · ·	Date:
FOR COMPLIANCE OFFICE USE	ONLY	·
Physical Paperwork or clearance signed		months YES / NO
Sickle Cell Status Confirmed & if posi	-	
Athletic Trainer or Physician:		Date:
Try out/Walk-on status: Appro		
		son:
Compliance Office:		Date:
Note: At the end of the 14 days, the individual all CARA and no longer be a part of ICA. (14		aperwork and be added to the roster <u>OR</u> cease