



**Middle Tennessee State University**  
**Athletics Compliance Office**  
Walk-On & Try-Out Form



This form is to be completed by students attempting to Walk-On or Try-out for an MTSU athletic team.

Name	Sport	HS Graduation Year
MTSU E-Mail	M #	

Home Address (Street/City/State/Zip Code)

<b>YES / NO</b>			
Cell / Local Telephone #	Registered with the NCAA Clearinghouse? (Circle One)	Date of Birth	
Status of the student is:	MTSU Freshman: <input style="width: 40px; height: 25px;" type="checkbox"/>	Current MTSU Student: <input style="width: 40px; height: 25px;" type="checkbox"/>	2-Year Transfer: <input style="width: 40px; height: 25px;" type="checkbox"/> 4-Year Transfer: <input style="width: 40px; height: 25px;" type="checkbox"/>

Name of High School, Junior College or 4-Year Institution	Name of Coach at the HS / Junior College or 4-Year Institution
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**TRANSFER STATUS**

- |                                                         |                                                 |
|---------------------------------------------------------|-------------------------------------------------|
| ▪ <b>Permission to Contact?</b>                         | YES_____ NO_____ NA_____                        |
| ▪ <b>Permission to use One-Time Transfer Exception?</b> | YES_____ NO_____ NA_____                        |
| ▪ <b>Years of Eligibility Remaining:</b>                | _____ <b>YEARS</b> to play _____ <b>SEASONS</b> |

**ACADEMIC STATUS**

- |                                  |                   |
|----------------------------------|-------------------|
| ▪ <b>GPA:</b>                    | _____             |
| ▪ <b>Hours Enrolled:</b>         | _____ <b>hrs.</b> |
| ▪ <b>Good Academic Standing:</b> | YES_____ NO_____  |

**ELIGIBILITY CENTER STATUS**

- |                      |                  |
|----------------------|------------------|
| ▪ <b>Registered:</b> | YES_____ NO_____ |
| ▪ <b>Qualifier:</b>  | YES_____ NO_____ |

**CIRCLE APPROPRIATE ACTIVITY STATUS:**

- **Certified for Practice (45 Days)**
- **Certified for Practice (21 Days)**
- **Practice Only**
- **ELIGIBLE for all Practice and Competition**
- **NOT ELIGIBLE for Practice or Competition**

**TRAINING ROOM:**

**Insurance**      YES/NO  
**Physical**      YES/NO  
**Date of Physical:** \_\_\_\_\_

**NOTES:**

\_\_\_\_\_

Academics Signature	Date
Compliance Signature	Date
Athletic Training Signature	Date