



2014-2015 Student-Athlete Interest Form

Thank you for your interest in Saint Augustine's University Athletics. Please complete this form in its entirety and we will keep you updated on SAU Athletics.

I. BACKGROUND INFORMATION

LAST NAME: _____ **FIRST NAME:** _____
(Please Print Clearly)

SPORT(S) : _____ **Position** _____

BIRTHDATE: _____ **Height** _____

E-MAIL: _____ **Weight** _____

CELL PHONE # : () _____ **Events (Track & Field)** _____

ADDRESS: _____
Street

City

State/Zip Code

II. ACADEMIC INFORMATION

1. Have you registered with the NCAA Eligibility Center? Yes _____ No _____
If you have registered with the NCAA Eligibility Center ID # _____

2. Have you ever attended any other college or junior college?

Yes _____ No _____

If yes, please complete the following:

Dates _____

Institution Attended _____

3. Date of High School Graduation: _____
(month, year)

4. Name, City, and State of High School(s) Attended:

1- _____

2- _____

3- _____