



THE UNIVERSITY OF
MEMPHIS



Center for Athletic Academic Services

STUDENT ATHLETE INFORMATION FORM

Name: _____ SS# _____

Sport: _____ Check one: Scholarship _____ Birthdate: _____
Walk-on _____

Phone(s): _____ Address: _____

City: _____

E-mail: _____ State: _____

Parent E-mail: _____ Zip: _____

Country: _____

High School(s): _____ Graduation Date: _____

SAT/ACT Score(s): _____ Have you ever been diagnosed with a learning disability? _____

(New Freshmen Only)

What career interests do you have? _____

What major(s) are you thinking about? _____

What was your hardest subject in high school? _____ Your favorite? _____

Were you enrolled in any resource classes for reading, writing, math? If yes, what? _____

Will you have any college credit upon entrance? _____ If yes, from where? _____

Will you receive the Tennessee Hope Scholarship? _____ Will you be in the Honors Program? _____

(New Transfers Only)

List all colleges attended and dates/semesters enrolled: _____

Did you practice or compete in athletics? _____ If yes, what year(s)? _____

Did you receive athletic financial aid? _____ If yes, what year(s)? _____

Will you graduate from junior/community college? _____ If yes, when? _____

What major(s) and careers are you interested in? _____

Have you served in the military (including reserves)? _____ If yes, when? _____

Since high school, if you have not been enrolled in any college or been in the military, please explain what you have done since your high school graduation.

Signature: _____ Date: _____

Sending this electronically implies signed consent and your confirmation that all information provided is accurate.
Please email to dgillrd1@memphis.edu or fax to 901.678.4695. If you have additional documents to be mailed to CAAS,
please send to CAAS, 600 Wilder Tower, University of Memphis, Memphis, TN 38152-3520.