



UNIVERSITY OF CONNECTICUT

Women's Track & Field/Cross Country

Prospective Student-Athlete Questionnaire



GENERAL INFORMATION

Today's Date: _____

Name: _____ Age: _____ Date of Birth _____
 Address: _____ Phone #: (____) _____
 City: _____ State: _____ Zip: _____ Social Security #: _____
 Email: _____ Cell Phone #: (____) _____
 Height: _____ Weight: _____ Injuries: _____
 Father's Name: _____ Occupation: _____
 Mother's Name: _____ Occupation: _____
 # of Persons in Family: _____ # of Persons in Family in College: _____ Single Parent (Y/N): _____
 Which Financial Forms Completed: _____

ACADEMIC INFORMATION

Year of Graduation: _____ Overall G.P.A.: _____ Core G.P.A.: _____ Class Rank: _____
 Guidance Counselor's Name: _____ Phone #: (____) _____
 Testing - SAT: Math: _____ Critical Reading: _____ Writing: _____ Total: _____ ACT: _____
 Honors: _____
 Intended Major or Career Ambition: _____
 Registered With NCAA Clearinghouse (Y/N): _____ If Yes, On What Date: _____
 Level of Interest in UConn (Mark an "X"): Extremely: _____ Very: _____ Somewhat: _____

HIGH SCHOOL/JUNIOR COLLEGE INFORMATION

School Name: _____ Coach's Name: _____
 Address: _____ Coach's Office Phone #: (____) _____
 City: _____ State: _____ Zip: _____ Coach's Home Phone #: (____) _____
 Coach's Email: _____ Video Tapes of Performances Available (Y/N): _____
 Participation on Other Teams: _____

ATHLETIC INFORMATION

Event	Time/Distance	Date of Performance	Competition Site

Thank you for your time and interest. Please return this questionnaire to
 University of Connecticut, U-78, 2111 Hillside Rd., Storrs, CT 06269

Women's Track and Field
 William R. Morgan

Official Use Only: 1. ___ 2. ___ 3. ___ 4. ___ 5. ___ 6. ___ 7. ___ Visit: ___ NCAA CH: ___ M.G. ___ App. ___