

University of Massachusetts Boston Athletic Department

New Student Athlete Clearance Form

Name _____ Date of birth _____

Address _____ City _____ State _____ Zip _____

High School _____ Year Graduated _____

Soc Sec # _____ UMS # _____

Email _____ Phone# _____

Sport _____

ACADEMIC/ELIGIBILITY INFORMATION

Please list all colleges/universities attended:

<i>College/University</i>	<i>Part or Full time</i>	<i># of semesters</i>	<i>Dates of attendance</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all varsity COLLEGE sports you played or participated in: (include tryouts)

<i>Sport</i>	<i>College/University</i>	<i>Number of games played</i>	<i>Dates</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did you graduate from junior college? Yes/No Year graduated _____

Please sign and date below to affirm that all information provided above is correct. By signing I hereby grant permission to the UMass Boston Athletic Department to secure any and all academic transcripts and/or any other information needed to ascertain my eligibility status to participate in varsity sports. I understand that any falsification of the information above will result in my dismissal from the UMass Boston Athletic Program. I also understand that I need to carry no less than 12 credit hours during the playing season otherwise I will be deemed immediately ineligible.

Signature _____ Date _____

