

University of Massachusetts Boston Athletic Department

Returning 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 number of semesters attended at all colleges and universities (including UMB)

Full time semesters _____, _____, _____, _____, _____, _____,

Part time semesters _____, _____, _____, _____, _____, _____

List sports competed or participated in at UMass Boston:

<i>Sport</i>	<i># of years played</i>	<i>Date</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current academic status:

Good standing _____ *Warning* _____ *Probation* _____ *Suspension* _____

Have you ever been placed on academic:

Warning _____ *Probation* _____ *Suspension* _____ *Dismissal* _____

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 _____

