

CLEMSON COMPLIANCE

HISTORICAL DATA FORM – TRANSFER STUDENT-ATHLETE

Name _____ Sport _____

Date of Birth _____ Phone Number _____ Email Address _____

Permanent Address _____
Street City State Zip Code

Current Address _____
Street City State Zip Code

ENROLLMENT INFORMATION

High School(s) Attended					
Name:	_____			City/State/Zip:	_____
Graduation Date:	_____	NCAA Qualifier:	Yes No	NCAA ECID #:	_____
College(s) Attended					
Name:	_____			City/State/Zip:	_____
Dates of Attendance:	_____		Major:	_____	
Did you receive financial aid:	Yes No	Did you sign a NCAA NLI:	Yes No		
How many years did you compete:	1 2	3 4			
Name:	_____			City/State/Zip:	_____
Dates of Attendance:	_____		Major:	_____	
Did you receive financial aid:	Yes No	Did you sign a NCAA NLI:	Yes No		
How many years did you compete:	1 2	3 4			

ELIGIBILITY INFORMATION

1. Provide the date you first had contact with a Clemson staff member: _____
2. Describe how you initiated contact with Clemson: _____
3. Did you or any individual associated with you (i.e. family member, high school coach, etc.) have contact with a Clemson staff member prior to being in the transfer portal?
Yes No Not Applicable
4. List your two choices of intended major at Clemson (1) _____ (2) _____
5. Have you attended college continuously as a full-time student each fall and spring semester following your high school graduation? Yes No
 - If you answered no, please provide a statement of activity during the periods you were not attending college and the dates. Please be specific and include the month/year and include any athletic competition you participated in.

PROSPECTIVE STUDENT-ATHLETE SIGNATURE

By signing this form, you confirm that you have provide accurate information about your collegiate enrollment and participation in athletic competition.

Signature

Date