



STUDENT/ATHLETE ELIGIBILITY QUESTIONNAIRE

SPORT _____

NAME (Please print) _____
First Middle Last

Date of Birth (Day/Month/Year) _____

Student ID# _____ **SS#** _____

Date of High School Graduation _____

Name of High School _____ **High School City, State** _____

Diploma Yes No **If no, GED Date** _____

Date of Initial College Enrollment _____

Current season of participation 1 2

Transfer Student (Have you attended any other college?) Please circle **YES NO**
If yes, you must submit official transcripts to the Registrar's Office.

Have you participated in intercollegiate athletics at any other institutions? If so, what sports, years participated, institution of participation _____

How many full-time terms (12-credits or more) you were previously enrolled (for transfer students): _____

When was your last full time term in college (for transfer students) _____

Credits earned during your last full time term: _____

GPA _____

Cumulative (for transfer students):

Total Credits earned _____

GPA _____

Hours Registered for in current term at Century _____

Date of last Physical Exam _____

Have you been employed or unemployed instead of attending college since you graduated from high school? Yes NO
(If yes, please fill out the elapsed time information below).

Gaps in enrollment etc.; work history, time/dates:

Contact Information:

Home Phone # _____ **Cell Phone #** _____

Email Address _____

Shirt Size: (Please circle) S M L XL **Jacket Size:** S M L XL

PARENT(S) OR GUARDIAN _____

Your Permanent Street Address _____

City _____ **State** _____ **Zip** _____

Local Address (if different than above)

	Street	City	State
Zip			

Are you covered by your parents' medical insurance while attending Century? ____ Yes ____ No

If NO, you must provide proof of insurance coverage in order to participate in athletics.

I attest that this information is true and accurate and that I have read, understood, and agree to abide by (1) the Century College Policies, (2) the MCAC rules and policies and (3) the NJCAA policies and Code of Conduct. **I also consent to release my academic records/transcripts to the Athletic Director and/or coaching staff for sports eligibility purposes.**

Signature	Date
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