EASTERN CONNECTICUT STATE UNIVERSITY
PROSPECTIVE STUDENT-ATHLETE FORM

Please print, fill out, and fax to us at 860-465-4696

Please give this to Eastern head coach (name) _____

Sport _____

Name _____

Home Phone ( ) _____ - _____

Cell Phone ( ) _____ - _____

Email _____

Home Address _____
No. Street

City _____ State _____ Zip _____

Parents' Names _____

High School _____ State _____

High School Graduation Date (month and year) _____

High School Athletic Honors _____

_____

High School Coach's Name _____

Club/Premier Team _____

City _____ State _____

Club Team's Coach's Name _____

Camps/Tournaments _____

_____

Other Sports Played in High School/Club _____

_____

SAT Scores _____ ACT Scores _____Class Rank _____

GPA _____ Proposed major _____