ROSTER ADDITION

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Team: _____ Coach: _____ Date: _____

Student-Athlete Information:

Name: _____ Soc. Sec. #: _____

Current Semester: _____ Years of Eligibility Remaining: _____

Date entered UConn: _____ Date entered any institution: _____

Transfer History: Yes: _____ No: _____ Previous Institution: _____

Recruited: _____ Walk-on: _____

Eligibility Status:

- ☐ Immediately eligible for both practice and competition
- ☐ Pending academic review
- ☐ Pending status with Clearinghouse, eligible for practice only for:
  2 weeks 45 days
- ☐ Academically ineligible for competition; practice only

Please note: You must obtain the following signatures and return the completed form to the Compliance Office BEFORE you can be certified to compete.

1. Compliance Coordinator: _____ Date: _____
2. Training Room Signature: _____ Date: _____
3. Equipment Room Signature: _____ Date: _____
4. Physician's Clearance: _____ Date: _____

cc: Pat Babcock, Student Services
CPIA Counselor
Registrar's Office