

ANDERSON UNIVERSITY WOMEN'S SOCCER

Athletics Questionnaire for Prospective Student Athletes



PERSONAL PROFILE

First Name: _____ Middle Name: _____ Last Name: _____
Graduation Date: _____ SS#: _____ DOB: _____ Height: _____ Weight _____
Address: _____ City: _____ State: _____ Zip: _____
Country (if international): _____
E-mail: _____ Cell Phone: _____ Home Phone: _____
NCAA ID (if available): _____
Father's Name: _____ Occupation: _____
Mother's Name: _____ Occupation: _____

ACADEMIC PROFILE

High School: _____ GPA: _____
High School Address: _____
SAT Overall: _____ Math: _____ Reading: _____ Written: _____
ACT Overall: _____ Math: _____ English: _____ Written: _____
Anticipated Major: _____ Relationship to anyone at AU: _____

SOCCER PROFILE

Club Team: _____ High School Position: _____ Jersey _____
Position: _____ Jersey: _____ Position: _____
Coach: _____ Coach Phone: _____
Coach's Phone: _____ Coach's E-mail: _____
Coach's E-mail: _____
Dominant Foot: _____

Individual High School & Club Honors (ODP, etc.) _____

ADDITIONAL

Please feel free to add any further information _____

Please fill out and return:

*Samar Azem, 316 Boulevard PO Box 973, Anderson, SC 29621
Or fax -864-231-5601 or email sazem@andersonuniversity.edu*

For questions, please feel free to contact:

Samar Azem, Head Women's Soccer Coach
864-231-2012 – office 864-958-0395 – cell 864-231-5601 – fax
E-mail – sazem@andersonuniversity.edu

Check us out online – www.autrojans.com