

CITY UNIVERSITY OF NEW YORK – BARUCH COLLEGE
Institutional Student-Athlete Eligibility Statement

It is mandatory that each student-athlete complete all three parts of this form and that it is on file in the Athletic Department.

PLEASE **PRINT CLEARLY**

Academic Year: _____

PART 1

Sport: _____ ☐ Men ☐ Women

Full Name: _____
 First Last MI Age

Social Security #: _____ - _____ - _____

Address: _____
 Street Apt Town City Zip

PART 2

TRANSCRIPT REVIEW CONSENT

☐ I hereby give the Director of Athletics of Baruch College permission to review my college grade point average and/or transcripts at any time. I understand the Director of Athletics will be using this information for the following purposes:

- Monitoring academic progress;
- Honors and/or awards related to academics;
- CUNY Athletic Conference compliance;
- NCAA compliance; and
- Other purpose(s) deemed important by the Director of Athletics.

Signature of Student-Athlete Date

Signature of Parent (if Student-Athlete is a minor) Date

PART 3

ACADEMIC PROFILE

- 1) High School _____ H.S. Graduation Date _____
2) Was there was a lapse between your H.S. graduation date and first collegiate semester: _____
3) Date you first attended Baruch College as a FULL-TIME student _____
4) Number of registered credits this semester _____ Academic Standing: FR SO JR SR

Signature of Student-Athlete Date
