

AMERICAN UNIVERSITY

WOMEN'S BASKETBALL



PERSONAL INFORMATION

Name _____ Graduation Year _____
Social Security _____ Date of Birth _____
Street Address _____
City _____ State _____ Zip _____
Telephone # _____ E-mail Address _____
Father's Name _____ Occupation _____
Mother's Name _____ Occupation _____
Relatives or Friends who attend(ed) AU _____

ACADEMIC INFORMATION

High School _____ School Phone # _____
HS Street Address _____
City _____ State _____ Zip _____
Guidance Counselor _____ School Fax # _____
GPA _____ Are you registered with the NCAA Clearinghouse? _____
ACT Score _____ SAT Scores: Math _____ Verbal _____
Intended Major _____ Class Rank _____

ATHLETICS INFORMATION

Height _____ Weight _____ Position _____
Coach's Name _____ Home Telephone # _____
Stats for the year of _____ Pts. _____ Rebounds _____ Assists _____ Blocks _____
List Athletic Honors _____
AAU Coach's Name _____ Telephone(s) # _____
What other schools are you interested in? _____

Have you had any serious injuries? _____ If yes, please explain _____

Please return the questionnaire as soon as possible to the address below.

