



Volleyball Questionnaire

Type of Recruit (check one): High School Student Junior College Transfer
 Four Year Transfer International Student

High School Graduation Year: _____

Personal Information

Name _____ Home Phone # _____

E-mail Address _____ Cell # _____

Date of Birth _____ Age _____

Home Street Address _____

City, State _____ Zip _____ Country _____

Mother's Name _____ Mother's Occupation _____

Father's Name _____ Father's Occupation _____

Siblings _____

Academic Information

High School _____ Phone # _____

H.S. Address _____ H.S. Coach _____

City, State _____ Zip _____ Country _____

H.S. Counselor _____ Phone # (____) _____

Have you registered with the NCAA Eligibility Center? Yes / No

Have you completed the initial Amateurism Questionnaire with the Eligibility Center? Yes / No

GPA _____ Core GPA _____

Test Scores: SAT (Verbal and Math only) _____ ACT (Composite) _____

International Students only: TOEFL Score _____ (Internet, Computer or Paper?)

Athletic Information

Position _____ Height _____ Weight _____ Approach Jump _____

Block Jump _____ Reach _____ Dominant Hand? Right / Left

Club Team _____ Jersey Number _____

Coach _____ Phone # _____

Is a video available? Yes / No

What are your Top 5 Schools? _____

Comments:

PLEASE RETURN TO:

Georgia State University
Volleyball Office
PO Box 3975
Atlanta, GA 30302-3975

FED EX & OVERNIGHT SERVICES:

Georgia State University
Volleyball Office
125 Decatur St, Suite 201
Atlanta, GA 30303