

ATHLETIC SECTION REGISTRATION

For use with "LA" sections only

_____ Fall _____ Spring _____ Summer _____ Year Student ID# _____

Student Name: _____ **Date:** _____

Sport: _____ **Coach's Name:** _____ (printed)

Coach's Signature: _____ **Stamp:** _____

Test Scores (must be validated by the Office of Admission/Registrar)

Type of Test (circle one) English Score Reading Score Math Score
 ACT SAT COMPASS _____ _____ _____

(Note: Indicate what type of COMPASS Math test was completed)

Student has completed English or Math courses at another institution? _____

Validated By: _____ Date Stamp: _____

Registration Information

Subject	Crse #	Sect #	Division Chair Signature	Stamp	Date

This form must be delivered to the Office of Admission/Registrar within one day of the Division Chair's Signature. If received after that date, it will be considered null and void.