



**GSU TABLE TENNIS TEAM
APPLICATION FORM**

DATE: _____

Student Information

Name:		
Address:		
City:	State:	Zip:
Telephone:	Email:	
Student ID#:	Program/Major:	
Cum. GPA:	Credits Taking:	Expected Graduation Date:

Note: Students must submit this form to the Head Coach by the end of the first week of the semester. Students need to fill out all of the above information.

To Be Completed by the Team Management		
<u>Head Coach Action</u>		
Academic Performance: _____		
Table Tennis Skills: _____		
Behavior and Conduct: _____		
Other: _____		
_____ Accepted	_____ Denied	_____
	Signature	Date
<u>Athletics Director Action</u>		
_____ Accepted	_____ Denied	_____
	Signature	Date
<u>Associate Vice President for Student Affairs and Dean of Students Action</u>		
_____ Accepted	_____ Denied	_____
	Signature	Date