



TEAM ROSTER DELETION

Check All Rosters That Apply

Men's Sports

- ☐ Baseball
- ☐ Basketball
- ☐ Cross Country
- ☐ Soccer
- ☐ Swimming

Women's Sports

- ☐ Softball
- ☐ Basketball
- ☐ Cross Country
- ☐ Soccer
- ☐ Swimming
- ☐ Volleyball

STUDENT – ATHLETE _____

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Practiced beyond a 14 consecutive calendar day period _____ YES _____ NO [14.4.3.4.(e)]

Competed _____ YES _____ NO [14.2.4.4]

CIRCLE ONE

1. ACADEMICALLY INELIGIBLE
2. CUT/DISMISSED
3. DROPPED TO PART-TIME STATUS
4. ELIGIBILITY EXHAUSTED
5. GRADUATED
6. MEDICAL EXCEPTION
7. QUIT *(student-athlete signature needed below)*
8. WITHDREW
9. OTHER _____

HEAD COACH SIGNATURE _____

DATE _____

I understand that I am quitting the team voluntarily and my scholarship may be revoked or reduced at the head coach's discretion.

STUDENT-ATHLETE SIGNATURE _____

DATE _____

Original To Athletics Compliance

Copies To

Athletic Director

Financial Aid

Sports Information

Faculty Athletic Representative

Registrar

Sports Medicine