



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 _____

STUDENT – ATHLETE

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