



## ADD/DROP STUDENT-ATHLETE NOTIFICATION

\_\_\_\_\_  
(Name) (ID Number)

has been added/dropped to/from the \_\_\_\_\_ team effective \_\_\_\_\_  
(Circle One) (Date)

for the following reason:

|       |                              |       |  |
|-------|------------------------------|-------|--|
| _____ | <i>Quit Team*</i>            | _____ | <i>Transferred*(reason)</i> _____          |
| _____ | <i>Cut/Dropped from team</i> | _____ | <i>Withdrew from school*(reason)</i> _____ |
| _____ | <i>Disciplinary Reasons</i>  | _____ | <i>Other</i>                               |
|       |                              | _____ | <i>Walk-on</i>                             |

\*In accordance with NCAA Bylaw 15.3.4.1-(d), if a student-athlete voluntarily withdraws from a sport for personal reasons either prior or subsequent to the first competition, financial aid may be reduced or cancelled. If the above-listed student-athlete is receiving an athletic award, please advise whether:

Yes \_\_\_ I wish to cancel award

No \_\_\_ I do NOT wish to cancel award

Effective Date \_\_\_\_\_

Please make the necessary adjustment to my team's NCAA Squad List and notify the appropriate university officials of this change.

### Coach's Comments or Requests:

- All issued equipment must be returned to the appropriate equipment room manager or your student account will have a hold placed against it.
- No further treatment will be available from the sports medicine unit unless you are recovering from injury and your coach specifically requests it.
- You will no longer have access to the weight room unless your coach specifically requests it.
- You will no longer have access to Student-Athlete Services' facilities or its tutoring program in the Miller Center unless your coach specifically requests it.
- If you are receiving financial aid from the department of athletics you must complete a forfeiture of financial aid form in the office of Compliance.

\_\_\_\_\_  
Student-Athlete Date

\_\_\_\_\_  
Head Coach Date

\_\_\_\_\_  
Equipment Manager Date

\_\_\_\_\_  
Sports Medicine Trainer Date

### Athletics Compliance Office to notify by email:

|                                 |                     |   |
|---------------------------------|---------------------|---|
| Equipment Room                  | Operations          | Student-Athlete Services/Dean of Students |
| Financial & Accounting Services | Registrar           | C.H.A.M.P.S                               |
| Financial Aid                   | Sport Administrator | Weight Room                               |
| Media Relations                 | Sports Medicine     | NCAA Squad List                           |

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_