Sport: ________________________________

Name of athlete changing status: ________________________________

NDID: ________________________________

Date of deletion: ________________________________

Reason:  
[ ] Cut/Dismissed  
[ ] Injured  
[ ] Quit Team/Voluntary  
[ ] Withdrew from university  
[ ] Other, please explain below

Is this student-athlete receiving athletics grant-in-aid? [ ] Yes [ ] No

If yes, is the head coach requesting the athletics aid be terminated effective the drop date? [ ] Yes [ ] No

Comments:  
__________________________________________________________________________
__________________________________________________________________________

Head Coach Signature: ________________________________ Date: ________________

Sport Administrator Signature: ________________________________ Date: ________________

Required for all Roster Deletion Forms

PLEASE RETURN COMPLETED FORMS TO: Heidi Uebelhor

For Compliance Use

O Aegis
O Banner - SGASPRT
O CA
O Email Listserv
O Grant-in-Aid? If yes, cancel/non-renewal & date sent?
O JumpForward
O Roster