Student-Athlete’s Name ___________________________ Student ID ___________________________ Sport ___________________________

Please choose applicable change:

ADDITIONAL SPORT ___________________________ Effective Date: ___________________________

WITHDRAWAL FROM TEAM DURING ACADEMIC YEAR. Reason for withdrawal:

☐ Quit
☐ Professionalized
☐ Transferred Effective Date: ___________________________
☐ Cut
☐ Other: ___________________________

WITHDRAWAL FROM TEAM AT END OF ACADEMIC YEAR. Reason for withdrawal:

☐ Quit
☐ Professionalized
☐ Transferred Effective Date: ___________________________
☐ Exhausted Eligibility
☐ Graduated

VOLUNTARY RELINQUISHMENT OF ATHLETIC AID. I am relinquishing my athletic aid as well as my right to a hearing opportunity under Bylaw 15.3.2.3:

☐ Immediately*

Effective Date: ___________________________

☐ Beginning of fall
☐ Beginning of spring

_________________________________________ ___________________________
Student-Athlete Signature Date

*If aid is relinquished before the end of a term, it will be prorated and you may owe an amount on your student account.

_________________________________________ ___________________________
Signature of Head Coach Date

COACH: This form, when completed and signed by you, officially removes a student-athlete from your team’s roster. Changes will be forwarded to the registrar, financial aid, academics, media relations, equipment room, and training room.

Change of Status Form

*Compliance Only

CAi _____ Inactive _____
Roster _____ Email _____
JumpForward _____