



SQUAD LIST ADDITION / DELETION FORM

Student – Athlete: _____ **SS#:** _____

Sport: _____ **Date:** _____

Please note the following information regarding the above named student – athlete.

Team Status Change (Please Check One)

1. New squad member – 1 will send him/her to your office to complete appropriate eligibility forms prior to any practice or game competition by them.

2. Delete from current squad list – As a result of this deletion, the student – athlete is no longer eligible to practice or compete with the team. Further, please send this student – athlete to the Assistant Director of Athletics/Compliance to complete an exit questionnaire.

Reason For Deletion

- _____ Voluntarily Withdrew from Team
_____ Academic Drop Status
_____ Other (please explain) _____

Financial Aid Status

- _____ Place on athletics aid for first time
_____ Continue Athletic Financial Aid until conclusion of current academic year.
_____ Cease all Athletic Financial Aid as soon as possible
(Please contact the Assistant Athletic Director immediately for the review and implementation of the required procedures and documentation.)
Other (please explain):

Head Coach Signature

Date