



Squad List Deletion Form



Date: _____

From: _____

Head Coach

Re: Change in Financial Aid/Squad Status for: _____

Name

G#

The above-mentioned student is no longer a member of the _____ squad.

This student-athlete _____ Did ___ Did not participate against outside competition (please check one).

This student-athlete _____ Did ___ Did not attend classes for the current/upcoming semester (please check one).

Non-scholarship Recipient:

_____ Quit

_____ Cut/Dismissed from team

Scholarship Recipient:

_____ Has been removed (Cut/Dismissed) from the team. This student-athlete's grant-in-aid will be terminated at the end of the current academic year {15.3.4.1}.

_____ Has been removed (Cut/Dismissed) from the team. The school's disciplinary body has taken action; therefore, aid is canceled immediately. {15.3.4.1 (c)}.

_____ Voluntarily withdrew (Quit) from the team for personal reasons and, accordingly, his/her athletics grant-in-aid can be terminated immediately {15.3.4.1 (d)}.

_____ Voluntarily withdrew (Quit) from the team for personal reasons. This student-athlete's grant-in-aid will be terminated at the end of the current academic year {15.3.4.1}

Please, provide date of termination of aid: _____ *Please have the student-athlete meet with the Director of Athletics to fill out and sign the student's section, below.*

Administration Checklist:

Turned in books: _____ Turned in equipment: _____

Registrar's Office: _____ NCAA software: _____ Administration System _____ SID contacted: _____ Financial Aid: _____

Voluntary Termination of Aid Agreement

Student's Section. I, _____, have voluntarily withdrawn from the sport of _____ at Missouri Western State University for personal reasons. I understand that the athletically related scholarship I am receiving will be terminated immediately.

Signature _____

Date _____

Director of Athletics' Section. I have discussed this matter with the student-athlete, and I believe that the student signed this form voluntarily and with full understanding of its consequences.

Signature _____

Date _____

(Director of Athletics or designee)